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REFERENCE BOOK

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AGL-490

# SAN FRANCISCO PUBLIC LIBRARY

## APPLICATIONS FOR USE OF MEETING ROOMS

Applications are inserted according to the date of requested use of a meeting room. If the request is for a series of dates, the application is inserted according to the date of first use.

San Francisco Public Library
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https://archive.org/details/requestforuseof1994sanf_0

DOCUMENTS DEPT.
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SAN FRANCISCO
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# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATIONS FOR USE OF BRANCH MEETING ROOMS

07/01/94



***Bayview Branch***

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Burnett Children's Center - Ana Fisher
1520 Oakdale Ave, San Francisco, CA 94124; TEL. D 585-0414/695-5660
Every other Thursday: 3:15-4:00PM
Expiration date: 09/30/94

Franciscan Properties, North Am. Mortgage Co. - Michael Jackson
675 Portola Dr, San Francisco, CA 94127; TEL. 510-893-4040/510-425-
7/16 & 7/23/94: 11 AM - 1 PM
Expiration date: 07/24/94

***Bernal Heights Branch***

---

"SOnnKara" Performance Salon - Ronald Leeson
224 Hugo St, San Francisco, CA 94122; TEL. 566-4631
7/13, 8/13 & 8/27/94: 6-9 PM
Expiration date: 08/28/94

Family Support Services of Bay Area - Briana Moore
3264 Sheffield Ave, Oakland, CA 94602; TEL. 510-261-2294
6/14 & 7/12/94: 5-6 PM
Expiration date: 07/13/94

Financial Fitness Center - Aurora Moyrong
2720 San Jose Ave, San Francisco, CA 94112; TEL. 334-1302
8/10/94: 7-8:30 PM
Expiration date: 08/11/94

***Excelsior Branch***

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CWest - SF Commodore & Amiga Users Group - George Todd
3462 - 17th St, Apt B, San Francisco, CA 94110; TEL. 626-9946
1st Wed in 7/94; 2nd Wed 8/94 - 12/94: 6:30-8:45PM
Expiration date: 12/15/94

Neighborhood Safe Group - Pamela Matsuda
SAFE, , CA ; TEL. 564-SAFE
6/29, 7/16 & 8/3/94: 4:30-5:45 PM
Expiration date: 08/04/94

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*Noe Valley Branch*

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Playreading - Saul Fenster
520 Day St, San Francisco, CA 94131; TEL. 647-2483
Tues beginning 2/1/94: 2:00-4:00PM
Expiration date: 08/15/94

*Park Branch*

---

Cole Valley Improvement Association - Karen Crommie
628 Ashbury St, San Francisco, CA 94117; TEL. 431-1414
10/27/94: 6-10 PM
Expiration date: 10/28/94

Computer Professionals for Social Responsibility - Nick Pasquariello
POB 42791, San Francisco, CA 94142; TEL. 431-2990
7/13/94: 7-9 PM
Expiration date: 07/14/94

Financial Fitness Center - Aurora Moyrong
2720 San Jose Ave, San Francisco, CA 94112; TEL. 334-1302
7/28/94: 7-8:30 PM
Expiration date: 07/29/94

Haight Ashbury Neighborhood Council - Donna Gouse
409 Clayton St, San Francisco, CA 94117; TEL. D 621-9553/E 564-8757
2nd Thursdays: 7:00PM
Expiration date: 07/15/94

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, San Francisco, CA 94117; TEL. D 621-9553/E 564-8757
3rd Thursdays: 1:00PM
Expiration date: 07/22/94

Park Police District Community Relations Mtg. - Michael Gannon
Park Police Stn, Stanyan/, San Francisco, CA 94117; TEL. D 553-1061/E 7
Thurs 5/5 & 8/4/94: 7:00-9:00PM
Expiration date: 08/05/94

SF Bicycle Coalition (SFBC) - David Snyder
1949 Page St, San Francisco, CA 94117; TEL. 863-1701/252-9119/668
2nd Mondays each month, starting July '94: 6-10 PM
Expiration date: 01/01/95

*Park Branch*

---

SF Support Group for Adults with Dyslexia - William Reed
1390 Market St #1408, San Francisco, CA 94102; TEL. 626-4116
1st Mondays & Tues 7/5/94: 7-9 PM
Expiration date: 11/08/94

William R. De Avila School Parent's Group - Paula Land
822 Masonic Ave, San Francisco, CA 94117; TEL. 563-1751
7/27/94: 6:30 PM
Expiration date: 07/28/94

*Potrero Branch*

---

Atari Bay Area Computer Users Society (ABACUS) - Roger Sinasohn
1034 Capitol Ave, San Francisco, CA 94112; TEL. 469-7924
1st Saturdays: 1:00-6:00PM
Expiration date: 09/30/94

National Health Federation - Shirley Potasz
1330 Schooner, Foster City, CA 94404; TEL. 341-0548
3rd Saturdays beg. 5/21/94: 1:30-5 PM
Expiration date: 11/20/94

Potrero Hill Archives Project - Peter Linenthal
298 Missouri St, San Francisco, CA 94107; TEL. 863-0784
Sat 7/9/94: 7-9:30 PM
Expiration date: 07/10/94

Potrero Women's Club - Margaret Rice
528 Arkansas St, San Francisco, CA 94107; TEL. 824-7423
2nd Wednesdays: 1:00PM
Expiration date: 10/06/94

San Francisco Independent Booster Club - Richard Millet
250 Connecticut St #5, San Francisco, CA 94107; TEL. 861-0345
1st Saturdays each month: 11 AM - 12:45 PM
Expiration date: 12/04/94

The Benefits Co. & SOMA Acupuncture/Natural Health - Michele/Carl Hangee-
862 Folsom St, San Francisco, CA 94107; TEL. D 974-5596/E 285-0251
2nd Wednesdays beg. 4/13/94: 6:30-8:00PM
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*Potrero Branch*

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*Presidio/LFTB Branch*

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LFTB Advisory Committee - Elizabeth Heidhues
566 - 40th Ave, San Francisco, CA 94121; TEL. 752-0471
Thurs 5/5, 7/14, 9/1 & 11/3/94: 2:30PM
Expiration date: 11/04/94

*Western Addition Branch*

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American Chronic Pain Assoc. - Jeri Raimondi
1845 Franklin St #305, San Francisco, CA 94109; TEL. 771-6553
2nd & 4th Thursdays monthly: 1-3 PM
Expiration date: 11/10/94

National Council of Negro Women - Willie Kennedy
City Hall, Room 235, San Francisco, CA 94102; TEL. 554-5734
3rd Saturdays: 2:00-5:00PM
Expiration date: 12/28/94

San Francisco Amateur Astronomers - Dennis Tye
2960 - 21st Ave, San Francisco, CA 94132; TEL. D 622-8993/E 566-0587
2nd Wednesdays: 7:00-8:45PM
Expiration date: 10/30/94

The Senior Citizen Christian Fellowship Group - Mr. Dewitt Nunnery
111 Sweeney St, San Francisco, CA 94134; TEL. 468-2975
3rd Tuesdays monthly, starting April '94: 1-2:30 PM
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DOCUMENTS DEPT.
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SAN FRANCISCO
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# SAN FRANCISCO PUBLIC LIBRARY
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07/07/94



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SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS FOR USE OF BRANCH MEETING ROOMS



*Park Branch*

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2960 - 21st Ave, San Francisco, CA 94132; TEL. D 622-8993/E 566-0587
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The Senior Citizen Christian Fellowship Group - Mr. Dewitt Nunnery
111 Sweeney St, San Francisco, CA 94134; TEL. 468-2975
3rd Tuesdays monthly, starting April '94: 1-2:30 PM
Expiration date: 12/20/94

MAY 13 199

# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: 

**NOTE:** *Complete this form in duplicate and submit to Manager of Requested Facility.*

| | |
|---|---|
| Dates Requested: JULY 9, SAT. | Time Requested: 7 – 9:30 PM |
| *Facility:* POTRERO BRANCH, UPSTAIRS MEETING ROOM | Attendance Expected: 35 |
| Describe event or purpose of meeting: SLIDE SHOW + TALK ON THE NATURAL HISTORY OF SF | |

INFORMATION ON REQUESTING ORGANIZATION:

| | |
|---|---|
| *Name of Group:* POTRERO HILL ARCHIVES PROJECT | Non-Profit: Yes ☒ No ○ |
| Purpose of Group/Type of Activities to Take Place in the Library: SLIDE SHOW + TALK | |
| *Primary Contact Person:* PETER LINENTHAL | Position in Group: CO-DIRECTOR |
| Full Mailing Address: 298 MISSOURI ST, SF, 94107 | |
| Day Phone: 863-0784 | Evening Phone: SAME |
| *Secondary Contact Person:* PHILIP ANASOVICH | Position in Group: MEMBER |
| Full Mailing Address: 298 MISSOURI, SF, 94107 | |
| Day Phone: 863-0784 | Evening Phone: SAME |

**CONDITIONS FOR USE:** Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

POTRERO HILL ARCHIVES PROJECT (P.H.A.P.) *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the P.H.A.P. *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on P.H.A.P. *(group or organization)*, its agents or employee.

P.H.A.P. *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Peter Linenthal *(signature)* 5·17·94 *(date)*.

### SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: _____

SFPL - 15

To: JANE HUDSON
8/5/D

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JUN 1 1995

# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATION FOR USE OF PUBLIC MEETING ROOMS

*(Adopted 9/15/92)*

Expiration Date: 1/1/95

***NOTE:** Complete this form in duplicate and submit to Manager of Requested Facility.*

| | |
|---|---|
| Dates Requested: second Monday of each month, starting July | Time Requested: 6-10 p.m. |
| Facility: PARK | Attendance Expected: 20-40 |
| Describe event or purpose of meeting: • general membership mtg. of advocacy group. • presentations • roundtable discussions | |

INFORMATION ON REQUESTING ORGANIZATION:

| | |
|---|---|
| Name of Group: S.F. Bicycle Coalition (SFBC) | Non-Profit: pending Yes ☒ No ○ |
| Purpose of Group/Type of Activities to Take Place in the Library: • promote the bicycle for everyday transportation • presentations • roundtable discussions | |
| Primary Contact Person: David Snyder | Position in Group: Executive Director |
| Full Mailing Address: 1949 Page Street 94117 | |
| Day Phone: 863-1701, or 252-9119 (M&T) | Evening Phone: 668-2406 |
| Secondary Contact Person: Lucinda Means | Position in Group: |
| Full Mailing Address: 1654 A Page 94117 | |
| Day Phone: 395-8067 | Evening Phone: 241-9090 |

by phone

**CONDITIONS FOR USE:** Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

SFBC *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the SFBC *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on SFBC *(group or organization)*, its agents or employee.

SFBC *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

David Hayes *(signature)* 5-27-94 *(date)*.

**SPECIAL AUTHORIZATION:**

REFRESHMENTS: RV (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $____ rec'd/waived by: ____
Key Deposit: $____ rec'd/waived by: ____
Janitorial: $____ rec'd/waived by: ____

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: ____

BY: BRANCH/MAIN MANAGER: Ruth S. Vose

SFPL - 15

SP
F93
#31N
2/23/94

FEB 23 1994

# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: _____

**NOTE:** *Complete this form in duplicate and submit to Manager of Requested Facility.*

| | |
|---|---|
| Dates Requested: WED JULY 13 1994 | Time Requested: 6:30pm — 9:00pm |
| Facility: ~~BAYVIEW ROOM #13~~ Noe Valley | Attendance Expected: MAX 25 |
| Describe event or purpose of meeting: PARLIAMENTARY LAW SEMINAR/WORKSHOP. | |

INFORMATION ON REQUESTING ORGANIZATION:

| | |
|---|---|
| Name of Group: CALIFORNIA SIGMA PHI UNIT NAT. ASSOC. PARLIAMENTARIANS. | Non-Profit: Yes ☒ No ○ |
| Purpose of Group/Type of Activities to Take Place in the Library: INTRODUCE TEACH PARLIAMENTARY LAW. ROBERTS RULES OF ORDER NEWLY REVISED. | |
| Primary Contact Person: REV. ALFRED A. CONNER | Position in Group: SECTY |
| Full Mailing Address: 293 JERSEY ST SF 94114 | |
| Day Phone: 648-3922 | Evening Phone: SAME |
| Secondary Contact Person: EDITH McMILLAN | Position in Group: PRES. |
| Full Mailing Address: | |
| Day Phone: | Evening Phone: |

**CONDITIONS FOR USE:** Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

CA. SIGMA PHI UNIT *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the CA SIGMA PHI UNIT *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on CA. SIGMA PHI UNIT *(group or organization)*, its agents or employee.

CA. SIGMA PHI UNIT. *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

A A Conner *(signature)* 2-4-94 *(date)*.

**SPECIAL AUTHORIZATION:**

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: _____

DOCUMENTS DEPT.
FEB 24 1994
SAN FRANCISCO
PUBLIC LIBRARY

FPL - 15

SAN FRANCISCO PUBLIC LIBRARY

REQUEST FOR SHORT-TERM USE OF LIBRARY MEETING ROOM
(Please type or print)

13/94 } LOCATION OF MEETING ROOM: Bernal Heights Branch
27/94 } DATE(S): July 13, 1994 HOURS: 6:00 to 9:00

NAME OF ORGANIZATION: "SOmnKara" Performance Salon

PURPOSE OF ORGANIZATION: Development of works in progress

TYPE OF ACTIVITIES planned for library space: Performance

ESTIMATED ATTENDANCE: 15

INDIVIDUAL IN CHARGE of meeting(s) in library space:

DOCUMENTS DEPT.
JUN 24 1994
SAN FRANCISCO
PUBLIC LIBRARY

NAME: Ronald Leeson

OFFICIAL CAPACITY: Coordinator

TELEPHONE NO.: (415) 566-4631

ADDRESS: 224 Hugo St.
S.F., CA. 94122

TWO ADDITIONAL MEMBERS OF THE ORGANIZATION whom the library can contact, if necessary:

NAME: Kally Kahn TELEPHONE NO.: 564-7631

NAME: Dave Rainden TELEPHONE NO.: 554-0594

OTHER INFORMATION:

DECLARATION OF RESPONSIBILITY: I agree to abide by all terms of the San Francisco Public Library Meeting Room Policy, and to be responsible for any cost or liability arising from our use of this facility.

NAME: Ronald C. Leeson

OFFICIAL CAPACITY: Coordinator

TELEPHONE NO.: (415) 566-4631

ADDRESS: 224 Hugo St.
S.F., CA 94122

TODAY'S DATE: 6-18-94

# "SOnnKara"

*Performance Art Salon*

*8:00 PM, Thursdays*

**June 16th**

Kally Kahn
David Hirata
Dave Rairden
Victoria Doggitt
Ron Leeson

**June 30th**

Kally Kahn
David Hirata
Dave Rairden
Gaetanna
Ron Leeson

***Park Branch Library***

1833 Page St.
San Francisco
(415)566-4631

75
21c
25-94

# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATION FOR USE OF PUBLIC MEETING ROOMS

MAY 25 1994

(Adopted 9/15/92)

Expiration Date: July 14, 1994

**NOTE:** *Complete this form in duplicate and submit to Manager of Requested Facility.*

| | |
|---|---|
| Dates Requested: July 13, 1994 | Time Requested: 7:00 - 9:00 p.m. |
| Facility: PARK | Attendance Expected: 50 |
| Describe event or purpose of meeting: to discuss matters of current interest relating to the use of computers in society | |

INFORMATION ON REQUESTING ORGANIZATION:

| | |
|---|---|
| Name of Group: Computer Professionals for Social Responsibility | Non-Profit: Yes ☒ No ○ |
| Purpose of Group/Type of Activities to Take Place in the Library: public discussion | |
| Primary Contact Person: Nick Pasquariello | Position in Group: coordinator |
| Full Mailing Address: Post Office Box 42791, SF 94142 | |
| Day Phone: 431-2990 | Evening Phone: same |
| Secondary Contact Person: Karen Coyle | Position in Group: secretary |
| Full Mailing Address: Division of Automation / Library Services / UC Bkly | |
| Day Phone: 510 987 0567 | Evening Phone: 510 540 7596 |

**CONDITIONS FOR USE:** Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

CPSR *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the CPSR *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on CPSR *(group or organization)*, its agents or employee.

CPSR *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

N Pasquariello *(signature)* May 24, 1994 *(date)*.

**SPECIAL AUTHORIZATION:**

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Vose

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SF
P75
#31
7/15/94

# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATIONS FOR USE OF BRANCH MEETING ROOMS

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*Bayview Branch*

---

Burnett Children's Center - Ana Fisher
1520 Oakdale Ave, San Francisco, CA 94124; TEL. D 585-0414/695-5660
Every other Thursday: 3:15-4:00PM
Expiration date: 09/30/94

Franciscan Properties, North Am. Mortgage Co. - Michael Jackson
675 Portola Dr, San Francisco, CA 94127; TEL. 510-893-4040/510-425-
7/16 & 7/23/94: 11 AM - 1 PM
Expiration date: 07/24/94

*Bernal Heights Branch*

---

"SOnnKara" Performance Salon - Ronald Leeson
224 Hugo St, San Francisco, CA 94122; TEL. 566-4631
7/13, 8/13 & 8/27/94: 6-9 PM
Expiration date: 08/28/94

Financial Fitness Center - Aurora Moyrong
2720 San Jose Ave, San Francisco, CA 94112; TEL. 334-1302
8/10/94: 7-8:30 PM
Expiration date: 08/11/94

*Excelsior Branch*

---

CWest - SF Commodore & Amiga Users Group - George Todd
3462 - 17th St, Apt B, San Francisco, CA 94110; TEL. 626-9946
1st Wed in 7/94; 2nd Wed 8/94 - 12/94: 6:30-8:45PM
Expiration date: 12/15/94

Neighborhood Safe Group - Pamela Matsuda
SAFE, , CA ; TEL. 564-SAFE
6/29, 7/16 & 8/3/94: 4:30-5:45 PM
Expiration date: 08/04/94

SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS FOR USE OF BRANCH MEETING ROOMS



***Noe Valley Branch***

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Playreading - Saul Fenster
520 Day St, San Francisco, CA 94131; TEL. 647-2483
Tues beginning 2/1/94: 2:00-4:00PM
Expiration date: 08/15/94

***Park Branch***

---

Cole Valley Improvement Association - Karen Crommie
628 Ashbury St, San Francisco, CA 94117; TEL. 431-1414
10/27/94: 6-10 PM
Expiration date: 10/28/94

Financial Fitness Center - Aurora Moyrong
2720 San Jose Ave, San Francisco, CA 94112; TEL. 334-1302
7/28/94: 7-8:30 PM
Expiration date: 07/29/94

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, San Francisco, CA 94117; TEL. D 621-9553/E 564-8757
3rd Thursdays: 1:00PM
Expiration date: 07/22/94

Park Police District Community Relations Mtg. - Michael Gannon
Park Police Stn, Stanyan/, San Francisco, CA 94117; TEL. D 553-1061/E 7
Thurs 5/5 & 8/4/94: 7:00-9:00PM
Expiration date: 08/05/94

SF Bicycle Coalition (SFBC) - David Snyder
1949 Page St, San Francisco, CA 94117; TEL. 863-1701/252-9119/668
2nd Mondays each month, starting July '94: 6-10 PM
Expiration date: 01/01/95

SF Support Group for Adults with Dyslexia - William Reed
1390 Market St #1408, San Francisco, CA 94102; TEL. 626-4116
1st Mondays & Tues 7/5/94: 7-9 PM
Expiration date: 11/08/94

The Magic Game Club of California - John Putney
330 Justin Dr, San Francisco, CA 94112; TEL. 616-8537 (D. Stevens)
3rd Tuesdays beg. 7/19/94: 6-12 PM
Expiration date: 12/20/94

SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS FOR USE OF BRANCH MEETING ROOMS



*Park Branch*

---

William R. De Avila School Parent's Group - Paula Land
822 Masonic Ave, San Francisco, CA 94117; TEL. 563-1751
7/27/94: 6:30 PM
Expiration date: 07/28/94

*Potrero Branch*

---

Atari Bay Area Computer Users Society (ABACUS) - Roger Sinasohn
1034 Capitol Ave, San Francisco, CA 94112; TEL. 469-7924
1st Saturdays: 1:00-6:00PM
Expiration date: 09/30/94

National Health Federation - Shirley Potasz
1330 Schooner, Foster City, CA 94404; TEL. 341-0548
3rd Saturdays beg. 5/21/94: 1:30-5 PM
Expiration date: 11/20/94

Potrero Women's Club - Margaret Rice
528 Arkansas St, San Francisco, CA 94107; TEL. 824-7423
2nd Wednesdays: 1:00PM
Expiration date: 10/06/94

San Francisco Independent Booster Club - Richard Millet
250 Connecticut St #5, San Francisco, CA 94107; TEL. 861-0345
1st Saturdays each month: 11 AM - 12:45 PM
Expiration date: 12/04/94

The Benefits Co. & SOMA Acupuncture/Natural Health - Michele/Carl Hangee-
862 Folsom St, San Francisco, CA 94107; TEL. D 974-5596/E 285-0251
2nd Wednesdays beg. 4/13/94: 6:30-8:00PM
Expiration date: 10/12/94

*Presidio/LFTB Branch*

---

LFTB Advisory Committee - Elizabeth Heidhues
566 - 40th Ave, San Francisco, CA 94121; TEL. 752-0471
Thurs 5/5, 7/14, 9/1 & 11/3/94: 2:30PM
Expiration date: 11/04/94

*Western Addition Branch*

---

American Chronic Pain Assoc. - Jeri Raimondi
1845 Franklin St #305, San Francisco, CA 94109; TEL. 771-6553
2nd & 4th Thursdays monthly: 1-3 PM
Expiration date: 11/10/94

National Council of Negro Women - Willie Kennedy
City Hall, Room 235, San Francisco, CA 94102; TEL. 554-5734
3rd Saturdays: 2:00-5:00PM
Expiration date: 12/28/94

San Francisco Amateur Astronomers - Dennis Tye
2960 - 21st Ave, San Francisco, CA 94132; TEL. D 622-8993/E 566-0587
2nd Wednesdays: 7:00-8:45PM
Expiration date: 10/30/94

The Senior Citizen Christian Fellowship Group - Mr. Dewitt Nunnery
111 Sweeney St, San Francisco, CA 94134; TEL. 468-2975
3rd Tuesdays monthly, starting April '94: 1-2:30 PM
Expiration date: 12/20/94

approve - 6/23/94

# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATION FOR USE OF PUBLIC MEETING ROOMS

*(Adopted 9/15/92)*

Expiration Date: _____

**NOTE:** *Complete this form in duplicate and submit to Manager of Requested Facility.*

| | |
|---|---|
| Dates Requested: 7/16 or 7/23 | Time Requested: 11 Am - 1 pm |
| *Facility:* BAYVIEW- WADEN #13 | Attendance Expected: 20-30 |
| Describe event or purpose of meeting: Informational Homebuyers Seminar | |

INFORMATION ON REQUESTING ORGANIZATION:

| | |
|---|---|
| *Name of Group:* Franciscan Properties, North Am. Mortgage Co. & 1st Am. Title Co. | Non-Profit: Yes ○ No ✓ |
| Purpose of Group/Type of Activities to Take Place in the Library: Homebuying Presentation | |
| *Primary Contact Person:* Michael Jackson Ken Ewey | Position in Group: Facilitators |
| Full Mailing Address: 675 Portola Dr S.F., CA. 94127 or 1001 Galaxy Way Ste. 212, Concord, CA. 94520 | |
| Day Phone: 415 664-9115 ext 338 (Ewey) 510 893-4040 (Jackson) | Evening Phone: 510 435-5204 (Jackson) |
| *Secondary Contact Person:* Same As Above | Position in Group: |
| Full Mailing Address: | |
| Day Phone: | Evening Phone: |

**CONDITIONS FOR USE:** Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

North American Franciscan Properties *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the North Am/ Franciscan *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on North Am/ Franciscan *(group or organization)*, its agents or employee.

North Am/ Franciscan *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Michael Jackson *(signature)* 6-22-94 *(date)*.

**CIAL AUTHORIZATION:**

rizing authority).

___ rec'd/waived by: _____

___ rec'd/waived by: _____

___ rec'd/waived by: _____

vailable: Alternate Suggested: _____

Susie M Brenner

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NORTH AMERICAN MORTGAGE COMPANY®

**Michael Jackson**
Account Executive
Community Loan Officer

500 12th Street, Suite 350, Oakland, CA 94607
Tel. (510)893-4040 / Fax (510)893-6201
Pager (510)425-5204

Gloria - Neel

JUN 23 199

This application is somewhat problematical in that they are a real estate company informing the community of "opportunities" for homeownership.

The group does not violate any meeting room rules that I can see. They will not be charging a fee or selling merchandise, so I went ahead and approved the application.

Cathy
6/23/94

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# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATIONS FOR USE OF BRANCH MEETING ROOMS

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*Bayview Branch*

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Burnett Children's Center - Ana Fisher
1520 Oakdale Ave, San Francisco, CA 94124; TEL. D 585-0414/695-5660
Every other Thursday: 3:15-4:00PM
Expiration date: 09/30/94

Franciscan Properties, North Am. Mortgage Co. - Michael Jackson
675 Portola Dr, San Francisco, CA 94127; TEL. 510-893-4040/510-425-
7/16 & 7/23/94: 11 AM - 1 PM
Expiration date: 07/24/94

*Bernal Heights Branch*

---

"SOnnKara" Performance Salon - Ronald Leeson
224 Hugo St, San Francisco, CA 94122; TEL. 566-4631
7/13, 8/13 & 8/27/94: 6-9 PM
Expiration date: 08/28/94

Financial Fitness Center - Aurora Moyrong
2720 San Jose Ave, San Francisco, CA 94112; TEL. 334-1302
8/10/94: 7-8:30 PM
Expiration date: 08/11/94

*Excelsior Branch*

---

CWest - SF Commodore & Amiga Users Group - George Todd
3462 - 17th St, Apt B, San Francisco, CA 94110; TEL. 626-9946
1st Wed in 7/94; 2nd Wed 8/94 - 12/94: 6:30-8:45PM
Expiration date: 12/15/94

Neighborhood Safe Group - Pamela Matsuda
SAFE, , CA ; TEL. 564-SAFE
6/29, 7/16 & 8/3/94: 4:30-5:45 PM
Expiration date: 08/04/94

***Noe Valley Branch***

---

Playreading - Saul Fenster
520 Day St, San Francisco, CA 94131; TEL. 647-2483
Tues beginning 2/1/94: 2:00-4:00PM
Expiration date: 08/15/94

***Park Branch***

---

Cole Valley Improvement Association - Karen Crommie
628 Ashbury St, San Francisco, CA 94117; TEL. 431-1414
10/27/94: 6-10 PM
Expiration date: 10/28/94

Financial Fitness Center - Aurora Moyrong
2720 San Jose Ave, San Francisco, CA 94112; TEL. 334-1302
7/28/94: 7-8:30 PM
Expiration date: 07/29/94

Park Police District Community Relations Mtg. - Michael Gannon
Park Police Station, San Francisco, CA 94117; TEL. D 553-1061/E 753-7292
Thurs 5/5, 8/4 & Mon 8/15/94: 7:00-9:00PM
Expiration date: 08/16/94

SF Bicycle Coalition (SFBC) - David Snyder
1949 Page St, San Francisco, CA 94117; TEL. 863-1701/252-9119/668
2nd Mondays each month, starting July '94: 6-10 PM
Expiration date: 01/01/95

SF Support Group for Adults with Dyslexia - William Reed
1390 Market St #1408, San Francisco, CA 94102; TEL. 626-4116
1st Mondays & Tues 7/5/94: 7-9 PM
Expiration date: 11/08/94

The Magic Game Club of California - John Putney
330 Justin Dr, San Francisco, CA 94112; TEL. 616-8537 (D. Stevens)
3rd Tuesdays beg. 7/19/94: 6-12 PM
Expiration date: 12/20/94

William R. De Avila School Parent's Group - Paula Land
822 Masonic Ave, San Francisco, CA 94117; TEL. 563-1751
7/27/94: 6:30 PM
Expiration date: 07/28/94

*Park Branch*

---

*Potrero Branch*

---

Atari Bay Area Computer Users Society (ABACUS) - Roger Sinasohn
1034 Capitol Ave, San Francisco, CA 94112; TEL. 469-7924
1st Saturdays: 1:00-6:00PM
Expiration date: 09/30/94

National Health Federation - Shirley Potasz
1330 Schooner, Foster City, CA 94404; TEL. 341-0548
3rd Saturdays beg. 5/21/94: 1:30-5 PM
Expiration date: 11/20/94

Potrero Women's Club - Margaret Rice
528 Arkansas St, San Francisco, CA 94107; TEL. 824-7423
2nd Wednesdays: 1:00PM
Expiration date: 10/06/94

San Francisco Independent Booster Club - Richard Millet
250 Connecticut St #5, San Francisco, CA 94107; TEL. 861-0345
1st Saturdays each month: 11 AM - 12:45 PM
Expiration date: 12/04/94

The Benefits Co. & SOMA Acupuncture/Natural Health - Michele/Carl Hangee-
862 Folsom St, San Francisco, CA 94107; TEL. D 974-5596/E 285-0251
2nd Wednesdays beg. 4/13/94: 6:30-8:00PM
Expiration date: 10/12/94

*Presidio/LFTB Branch*

---

LFTB Advisory Committee - Elizabeth Heidhues
566 - 40th Ave, San Francisco, CA 94121; TEL. 752-0471
Thurs 5/5, 7/14, 9/1 & 11/3/94: 2:30PM
Expiration date: 11/04/94

SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS FOR USE OF BRANCH MEETING ROOMS



*Western Addition Branch*

---

American Chronic Pain Assoc. - Jeri Raimondi
1845 Franklin St #305, San Francisco, CA 94109; TEL. 771-6553
2nd & 4th Thursdays monthly: 1-3 PM
Expiration date: 11/10/94

National Council of Negro Women - Willie Kennedy
City Hall, Room 235, San Francisco, CA 94102; TEL. 554-5734
3rd Saturdays: 2:00-5:00PM
Expiration date: 12/28/94

San Francisco Amateur Astronomers - Dennis Tye
2960 - 21st Ave, San Francisco, CA 94132; TEL. D 622-8993/E 566-0587
2nd Wednesdays: 7:00-8:45PM
Expiration date: 10/30/94

The Senior Citizen Christian Fellowship Group - Mr. Dewitt Nunnery
111 Sweeney St, San Francisco, CA 94134; TEL. 468-2975
3rd Tuesdays monthly, starting April '94: 1-2:30 PM
Expiration date: 12/20/94

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3/00
20194

# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATION FOR USE OF PUBLIC MEETING ROOMS

JUN 2 0 1994
(Adopted 9/15/92)

Expiration Date: 7/28/94

**NOTE:** *Complete this form in duplicate and submit to Manager of Requested Facility.*

| | |
|---|---|
| Dates Requested: July 27, 1994 (Wednesday) | Time Requested: 6:30 p.m. |
| Facility: PARK | Attendance Expected: 6-10 |
| Describe event or purpose of meeting: Meeting to discuss parent concerns | |

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INFORMATION ON REQUESTING ORGANIZATION:

| | |
|---|---|
| Name of Group: William R. DeAvila School Parent's Group | Non-Profit: Yes ☑ No ○ |
| Purpose of Group/Type of Activities to Take Place in the Library: Meeting to discuss parent concerns | |
| Primary Contact Person: Paula Land | Position in Group: Recorder |
| Full Mailing Address: 822 Masonic Avenue, San Francisco 94117 | |
| Day Phone: 563-1751 | Evening Phone: 563-1751 |
| Secondary Contact Person: Pamela Blittersdorf | Position in Group: Chair |
| Full Mailing Address: 2085 Hayes Street #9, San Francisco 94117 | |
| Day Phone: 476-1493(w) | Evening Phone: 666-0939 |

**CONDITIONS FOR USE:** Insurance required? Yes ☐ No ☑. If yes, attach insurance rider.

WRDA Parent Group *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the WRDA Parent Group *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on WRDA Parent Group *(group or organization)*, its agents or employee.

WRDA Parent Group *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Paula Land *(signature)* 6/15/94 *(date)*.

**SPECIAL AUTHORIZATION:**

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☒ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Vose

SFPL - 15

JUN 13 1994

# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

13194

Expiration Date: 7/29/94

**NOTE:** *Complete this form in duplicate and submit to Manager of Requested Facility.*

| | |
|---|---|
| Dates Requested: Thurs. July 28 | Time Requested: 7-8:30 |
| Facility: PARK | Attendance Expected: 50 |
| Describe event or purpose of meeting: TO EDUCATE SOCIETY ABOUT IMPORTANCE OF GETTING OUT OF DEBT & STAYING OUT OF DEBT | |

INFORMATION ON REQUESTING ORGANIZATION:

| | |
|---|---|
| Name of Group: FINANCIAL FITNESS CENTER, AFFILIATE | Non-Profit: Yes ✓ No O |
| Purpose of Group/Type of Activities to Take Place in the Library: OF FINANCIAL FREEDOM FOUNDATION 501(C)(3) SEMINAR - TYPE - OVERHEAD PROJECTOR | |
| Primary Contact Person: AURORA MOYRONG | Position in Group: DIRECTOR |
| Full Mailing Address: 2720 SAN JOSE AVE, SAN FRANCISCO, CA 94112 | |
| Day Phone: (415) 334-1302 | Evening Phone: (415) 334-1302 |
| Secondary Contact Person: RODNEY CAREY | Position in Group: DIRECTOR |
| Full Mailing Address: 2960 CALIFORNIA ST | |
| Day Phone: (510) 530-7995 | Evening Phone: (510) 530-7995 |

**CONDITIONS FOR USE:** Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

FINANCIAL FITNESS CENTER *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the FFC *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on FFC *(group or organization)*, its agents or employee.

FFC *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Aurora Moyrong *(signature)* JUNE 10, 1994 *(date)*.

### SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____

Key Deposit: $_____ rec'd/waived by: _____

Janitorial: $_____ rec'd/waived by: _____

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☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Rita S. Jose

SFPL - 15

## *SATISFACTION GUARANTEED*

"I went from being near suicidal with all the calls and threats from bill collectors and the I.R.S. to now, where just one year later I am well over half way from being debt free. If I can do it anybody can."

J. Mattern /Phoenix Az.

"In my practice, I help people from all walks of life. The Financial Fitness program gives each individual the opportunity to understand and develop workable long-term plans to solve financial problems."

P. Thorne, CPA / Somerset, N.J.

"Financial Fitness satisfies the need for financial independence through education and personalized service."

P. Spiekys, Financial Services / Rockford, Ill.

"Just 6 weeks in the program and for the first time we were able to pay for Christmas without charging one thing. We are now saving for a down payment for our first home."

A. Bellfi / Reno, Nv.

"I tried another service for over a year but ended up getting nowhere. After the same time at the Financial Fitness Centers I have paid off all my credit cards and now see the light at the end of the tunnel. Thanks Financial Fitness."

M. Renshaw / Salt Lake City, Ut.

**Warning:** Those who do not rid themselves of financial bondage now, will never know freedom.

*"THOSE WHO UNDERSTAND INTEREST EARN IT, THOSE WHO DON'T PAY IT"*

Carol A. Walker

*"WEALTH IS TRANSFERRED FROM THE IGNORANT TO THE WELL INFORMED."*

Scott L. Moyes

*"WHEN PERFORMANCE IS MEASURED PERFORMANCE IMPROVES, WHEN PERFORMANCE IS MEASURED AND REPORTED BACK THE RATE OF IMPROVEMENT ACCELERATES."*

Thomas S. Monson

*DON'T BE A STATISTIC...*

*CALL TODAY!*

- ***Initial Consultation Free*** -

San Francisco (415) 334-1302
East Bay (510) 530-7995

Affiliated with the Financial Freedom Foundation, Inc., a 501 (C)(3) public non-profit organization.

# Financial Fitness

C E N T E R S

## *Putting People On the Road to Financial Freedom*

**ARE YOU LIVING...**

# DEBT FREE?

**OR...**

## *ARE YOU LIVING IN... ECONOMIC BONDAGE?*

According to the U.S. Department of Labor, the average American wage-earner is over *$15,000* in debt, not including their car or mortgage, *credit cards* being the major recipient of that debt.

According to the Department of Health and Human Services, in 1988, out of every 100 people who were 65 or older:

**13** *still work full-time*
**23** *still work part-time*
**64** *were retired*

Of the 64 who were retired, *61 had incomes of less than $5,000 per year.* These people, no doubt, all wanted to achieve *FINANCIAL FREEDOM.* Then what is the answer that only 3 people out of 100 seem to have?

1. *LITTLE OR NO DEBT*
2. *A WORKABLE SPENDING PLAN*
3. *KNOWLEDGE OF HOW MONEY REALLY WORKS*
4. *A DEFINITE FINANCIAL BLUEPRINT FOR SUCCESS.*

## *WHO WE ARE*

*Financial Freedom Enterprises, Inc.* has developed the total Financial Fitness Center. The services and products offered by our nationwide *Financial Fitness Centers* make up a well rounded program to help all individuals and families discover the freedom and security of living debt free!

## *WE CAN HELP!*

Each *Financial Fitness Center* offers three comprehensive programs to fit every individual's and family's needs.

### FINANCIAL FITNESS TRAINING PROGRAM:

This program is for those who have no problem servicing their debt but find themselves in financial inertia, living paycheck to paycheck and unable to get ahead.

*Our services provide:*

1. A Financial Blueprint for Success to eliminate all personal debt in approximately one-third the normal time period.
2. Help in tracking individual spending.
3. Weekly workshops and accountability sessions with professionally trained counselors.
4. Personalized counseling to maximize suggested methods in attaining personal financial goals.

### DEBT RETIREMENT PROGRAM:

This program is for those who are inundated with bills and creditors and do not have sufficient cash flow to service their debt. This program, for honorably discharging all debts, is a positive alternative to bankruptcy.

*We can assist each individual in:*

1. Negotiating reduced payments with creditors.
2. Disbursing monthly payments to creditors through our licensed, bonded client trust account.
3. Establishing a workable household budget.
4. Education through weekly workshops on how to more effectively control spending.

### QUALITY OF LIFE PROGRAM:

For the busy professional who would like to utilize our payment disbursement services, thus freeing their time for more productive endeavors.

*Our professionally trained staff provide the following:*

1. An established customized budget tailored to individual needs.
2. Weekly disbursements of payment obligations through our licensed, bonded client trust account.
3. Monthly spreadsheet accounting by dollar amount and percentage.
4. Personalized quarterly counseling to maximize suggested methods in attaining personal financial goals.

## *FINANCIAL FITNESS ADVANTAGES*

1. Increase your disposable income by 10-20% without a pay increase.
2. Gain control of your personal financial future.
3. Put an end to "Paycheck to Paycheck" living.
4. Solve all your immediate and pressing financial crises.
5. Relieve stress and worry associated with financial problems.
6. Learn specific techniques to pay off *all your debt,* including your cars and home mortgage in approximately one-third the normal time period.

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# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATIONS FOR USE OF BRANCH MEETING ROOMS



***Bayview Branch***

---

Burnett Children's Center - Ana Fisher
1520 Oakdale Ave, San Francisco, CA 94124; TEL. D 585-0414/695-5660
Every other Thursday: 3:15-4:00PM
Expiration date: 09/30/94

Children's Council - Doris Landuf
100 Whitney Young Circle, San Francisco, CA 94124; TEL. D 285-3060/E 82
8/17/94: 7-9 PM
Expiration date: 08/18/94

***Bernal Heights Branch***

---

"SOnnKara" Performance Salon - Ronald Leeson
224 Hugo St, San Francisco, CA 94122; TEL. 566-4631
7/13, 8/13 & 8/27/94: 6-9 PM
Expiration date: 08/28/94

Financial Fitness Center - Aurora Moyrong
2720 San Jose Ave, San Francisco, CA 94112; TEL. 334-1302
8/10/94: 7-8:30 PM
Expiration date: 08/11/94

***Excelsior Branch***

---

CWest - SF Commodore & Amiga Users Group - George Todd
3462 - 17th St, Apt B, San Francisco, CA 94110; TEL. 626-9946
1st Wed in 7/94; 2nd Wed 8/94 - 12/94: 6:30-8:45PM
Expiration date: 12/15/94

Neighborhood Safe Group - Pamela Matsuda
SAFE, , CA ; TEL. 564-SAFE
6/29, 7/16 & 8/3/94: 4:30-5:45 PM
Expiration date: 08/04/94

SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS FOR USE OF BRANCH MEETING ROOMS



*Noe Valley Branch*

---

Playreading - Saul Fenster
520 Day St, San Francisco, CA 94131; TEL. 647-2483
Tues beginning 2/1/94: 2:00-4:00PM
Expiration date: 08/15/94

*Park Branch*

---

Cole Valley Improvement Association - Karen Crommie
628 Ashbury St, San Francisco, CA 94117; TEL. 431-1414
10/27/94: 6-10 PM
Expiration date: 10/28/94

Park Police District Community Relations Mtg. - Michael Gannon
Park Police Station, S.F., CA 94117; TEL. D 553-1061/E 753-7292
Thurs 5/5, 8/4 & Mon 8/15/94: 7:00-9:00PM
Expiration date: 08/16/94

SF Bicycle Coalition (SFBC) - David Snyder
1949 Page St, San Francisco, CA 94117; TEL. 863-1701/252-9119/668
2nd Mondays each month, starting July '94: 6-10 PM
Expiration date: 01/01/95

SF Support Group for Adults with Dyslexia - William Reed
1390 Market St #1408, San Francisco, CA 94102; TEL. 626-4116
1st Mondays & Tues 7/5/94: 7-9 PM
Expiration date: 11/08/94

The Magic Game Club of California - John Putney
330 Justin Dr, San Francisco, CA 94112; TEL. 616-8537 (D. Stevens)
3rd Tuesdays beg. 7/19/94: 6-12 PM
Expiration date: 12/20/94

*Potrero Branch*

---

Atari Bay Area Computer Users Society (ABACUS) - Roger Sinasohn
1034 Capitol Ave, San Francisco, CA 94112; TEL. 469-7924
1st Saturdays: 1:00-6:00PM
Expiration date: 09/30/94

SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS FOR USE OF BRANCH MEETING ROOMS



*Potrero Branch*

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Coalition for Better Wastewater Solution - Beth Abrams
3435 Army St #208, San Francisco, CA 94110; TEL. 282-6177
8/2/94: 3:30-5:30 PM
Expiration date: 08/03/94

National Health Federation - Shirley Potasz
1330 Schooner, Foster City, CA 94404; TEL. 341-0548
3rd Saturdays beg. 5/21/94: 1:30-5 PM
Expiration date: 11/20/94

Potrero Women's Club - Margaret Rice
528 Arkansas St, San Francisco, CA 94107; TEL. 824-7423
2nd Wednesdays: 1:00PM
Expiration date: 10/06/94

San Francisco Independent Booster Club - Richard Millet
250 Connecticut St #5, San Francisco, CA 94107; TEL. 861-0345
1st Saturdays each month: 11 AM - 12:45 PM
Expiration date: 12/04/94

The Benefits Co. & SOMA Acupuncture/Natural Health - Michele/Carl Hangee-
862 Folsom St, San Francisco, CA 94107; TEL. D 974-5596/E 285-0251
2nd Wednesdays beg. 4/13/94: 6:30-8:00PM
Expiration date: 10/12/94

*Presidio/LFTB Branch*

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LFTB Advisory Committee - Elizabeth Heidhues
566 - 40th Ave, San Francisco, CA 94121; TEL. 752-0471
Thurs 5/5, 7/14, 9/1 & 11/3/94: 2:30PM
Expiration date: 11/04/94

*Western Addition Branch*

---

American Chronic Pain Assoc. - Jeri Raimondi
1845 Franklin St #305, San Francisco, CA 94109; TEL. 771-6553
2nd & 4th Thursdays monthly: 1-3 PM
Expiration date: 11/10/94

*Western Addition Branch*

---

National Council of Negro Women - Willie Kennedy
City Hall, Room 235, San Francisco, CA 94102; TEL. 554-5734
3rd Saturdays: 2:00-5:00PM
Expiration date: 12/28/94

San Francisco Amateur Astronomers - Dennis Tye
2960 - 21st Ave, San Francisco, CA 94132; TEL. D 622-8993/E 566-0587
2nd Wednesdays: 7:00-8:45PM
Expiration date: 10/30/94

The Senior Citizen Christian Fellowship Group - Mr. Dewitt Nunnery
111 Sweeney St, San Francisco, CA 94134; TEL. 468-2975
3rd Tuesdays monthly, starting April '94: 1-2:30 PM
Expiration date: 12/20/94

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# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATION FOR USE OF PUBLIC MEETING ROOMS

SFPL-15
(6/9/92)

Application Date: 7/30/94

**NOTE:** *Complete this form in duplicate and submit with organization literature to Manager of Requested Facility.*

| | |
|---|---|
| Dates Requested: Every Sat. | Time Requested: 1-3 pm, 2-3 PM 3rd SAT. |
| *Facility:* Growing Flow room | Attendance Expected: Tutor + Student |
| Describe event or purpose of meeting: Project Read - Tutoring | |

INFORMATION ON REQUESTING ORGANIZATION:

| | |
|---|---|
| *Name of Group:* | Non-Profit: Yes ○ No ○ |
| Purpose of Group/Type of Activities to Take Place in the Library: | |
| *Primary Contact Person:* TRISH STRICKLAND | Position in Group: TUTOR |
| Full Mailing Address: 114 FREDERICK ST. #16, SAN FRANCISCO, 94117 | |
| Day Phone: 415/984-8820 | Evening Phone: 415/755-6365 |
| *Secondary Contact Person:* | Position in Group: |
| Full Mailing Address: | |
| Day Phone: ~~415/984-8820~~ | Evening Phone: ~~415/755-6365~~ |

**CONDITIONS FOR USE:** Insurance required? Yes ☐, No ☐. If yes, attach insurance rider.

*I certify that I have read the meeting room rules and Waiver of Liability and agree to all provision of the above:*

_____ *(signature)*

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***FOR DEPARTMENT USE ONLY***

EXPIRATION DATE: _____

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PUBLIC LIBRARY

SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ initials of authorizing authority

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BRANCH/MAIN MANAGER: _____

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# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATION FOR USE OF PUBLIC MEETING ROOMS

JUL 28 1994

*(Adopted 9/15/92)*

Expiration Date: _____

***NOTE:*** *Complete this form in duplicate and submit to Manager of Requested Facility.*

| | |
|---|---|
| Dates Requested: Tuesday, August 2, 1994 | Time Requested: 3:30-5:30 |
| *Facility:* Upstairs room | Attendance Expected: 4 |
| Describe event or purpose of meeting: To view & discuss a video about Alternative wastewater treatment | |

INFORMATION ON REQUESTING ORGANIZATION: not applicable

| | |
|---|---|
| *Name of Group:* Coalition for Better Wastewater Solution | Non-Profit: Yes ○ No ○ |
| Purpose of Group/Type of Activities to Take Place in the Library: City Conservation | |
| *Primary Contact Person:* Beth Abrams | Position in Group: member |
| Full Mailing Address: 3435 Army St. #208 SF | |
| Day Phone: (415) 282-6177 | Evening Phone: (415) 282-6172 |
| *Secondary Contact Person:* Jeff Morrison | Position in Group: member |
| Full Mailing Address: 29 Ripley | |
| Day Phone: 285-2429 | Evening Phone: 285-2429 |

**CONDITIONS FOR USE:** Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

Coalition for Better Wastewater Solution *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the _____ *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on Coalition for Better Wastewater Solution *(group or organization)*, its agents or employee.

Coalition for Better Wastewater Solution *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Beth Abrams *(signature)* July 27, 1994 *(date)*.

**SPECIAL AUTHORIZATION:**

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

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PUBLIC LIBRARY

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: _____

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8/5/94

# SAN FRANCISCO PUBLIC LIBRARY
# APPLICATIONS FOR USE OF BRANCH MEETING ROOMS



***Bayview Branch***

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Burnett Children's Center - Ana Fisher
1520 Oakdale Ave, San Francisco, CA 94124; TEL. D 585-0414/695-5660
Every other Thursday: 3:15-4:00PM
Expiration date: 09/30/94

Children's Council - Doris Landuf
100 Whitney Young Circle, San Francisco, CA 94124; TEL. D 285-3060/E 82
8/17/94: 7-9 PM
Expiration date: 08/18/94

Simba Inc. - Kevin Robinson
125 Moss Ave #315, Oakland, CA 94611; TEL. D 822-7114/E 510-654-
8/26/94: 1-3:30 PM
Expiration date: 08/27/94

***Bernal Heights Branch***

---

"SOnnKara" Performance Salon - Ronald Leeson
224 Hugo St, San Francisco, CA 94122; TEL. 566-4631
7/13, 8/13 & 8/27/94: 6-9 PM
Expiration date: 08/28/94

Financial Fitness Center - Aurora Moyrong
2720 San Jose Ave, San Francisco, CA 94112; TEL. 334-1302
8/10/94: 7-8:30 PM
Expiration date: 08/11/94

***Excelsior Branch***

---

CWest - SF Commodore & Amiga Users Group - George Todd
3462 - 17th St, Apt B, San Francisco, CA 94110; TEL. 626-9946
1st Wed in 7/94; 2nd Wed 8/94 - 12/94: 6:30-8:45PM
Expiration date: 12/15/94

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*Noe Valley Branch*

---

Noe Valley Computer Club - Ed Shuck
545 Eureka St, San Francisco, CA 94114; TEL. D 826-5821/E 824-5291
2nd Saturday: 1-2 PM
Expiration date: 01/31/95

Playreading - Saul Fenster
520 Day St, San Francisco, CA 94131; TEL. 647-2483
Tues beginning 2/1/94: 2:00-4:00PM
Expiration date: 08/15/94

Project Read - Trish Strickland
114 Frederick St #16, San Francisco, CA 94117; TEL. D 984-8820/E 255-63
Every Saturday (*2nd Sat): 1-3 PM (* 2-3 PM)
Expiration date: 01/31/95

*Park Branch*

---

Cole Valley Improvement Association - Karen Crommie
628 Ashbury St, San Francisco, CA 94117; TEL. 431-1414
10/27/94: 6-10 PM
Expiration date: 10/28/94

Park Police District Community Relations Mtg. - Michael Gannon
Park Police Station, S.F., CA 94117; TEL. D 553-1061/E 753-7292
Thurs 5/5, 8/4 & Mon 8/15/94: 7:00-9:00PM
Expiration date: 08/16/94

SF Bicycle Coalition (SFBC) - David Snyder
1949 Page St, San Francisco, CA 94117; TEL. 863-1701/252-9119/668
2nd Mondays each month, starting July '94: 6-10 PM
Expiration date: 01/01/95

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1390 Market St #1408, San Francisco, CA 94102; TEL. 626-4116
1st Mondays & Tues 7/5/94: 7-9 PM
Expiration date: 11/08/94

The Magic Game Club of California - John Putney
330 Justin Dr, San Francisco, CA 94112; TEL. 616-8537 (D. Stevens)
3rd Tuesdays beg. 7/19/94: 6-12 PM
Expiration date: 12/20/94

*Park Branch*

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*Potrero Branch*

---

Atari Bay Area Computer Users Society (ABACUS) - Roger Sinasohn
1034 Capitol Ave, San Francisco, CA 94112; TEL. 469-7924
1st Saturdays: 1:00-6:00PM
Expiration date: 09/30/94

National Health Federation - Shirley Potasz
1330 Schooner, Foster City, CA 94404; TEL. 341-0548
3rd Saturdays beg. 5/21/94: 1:30-5 PM
Expiration date: 11/20/94

Potrero Women's Club - Margaret Rice
528 Arkansas St, San Francisco, CA 94107; TEL. 824-7423
2nd Wednesdays: 1:00PM
Expiration date: 10/06/94

San Francisco Independent Booster Club - Richard Millet
250 Connecticut St #5, San Francisco, CA 94107; TEL. 861-0345
1st Saturdays each month: 11 AM - 12:45 PM
Expiration date: 12/04/94

The Benefits Co. & SOMA Acupuncture/Natural Health - Michele/Carl Hangee-
862 Folsom St, San Francisco, CA 94107; TEL. D 974-5596/E 285-0251
2nd Wednesdays beg. 4/13/94: 6:30-8:00PM
Expiration date: 10/12/94

*Presidio/LFTB Branch*

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LFTB Advisory Committee - Elizabeth Heidhues
566 - 40th Ave, San Francisco, CA 94121; TEL. 752-0471
Thurs 5/5, 7/14, 9/1 & 11/3/94: 2:30PM
Expiration date: 11/04/94

*Western Addition Branch*

---

American Chronic Pain Assoc. - Jeri Raimondi
1845 Franklin St #305, San Francisco, CA 94109; TEL. 771-6553
2nd & 4th Thursdays monthly: 1-3 PM
Expiration date: 11/10/94

National Council of Negro Women - Willie Kennedy
City Hall, Room 235, San Francisco, CA 94102; TEL. 554-5734
3rd Saturdays: 2:00-5:00PM
Expiration date: 12/28/94

San Francisco Amateur Astronomers - Dennis Tye
2960 - 21st Ave, San Francisco, CA 94132; TEL. D 622-8993/E 566-0587
2nd Wednesdays: 7:00-8:45PM
Expiration date: 10/30/94

The Senior Citizen Christian Fellowship Group - Mr. Dewitt Nunnery
111 Sweeney St, San Francisco, CA 94134; TEL. 468-2975
3rd Tuesdays monthly, starting April '94: 1-2:30 PM
Expiration date: 12/20/94

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SAN FRANCISCO PUBLIC LIBRARY EXCELSIOR BRANCH 10/70

Request for Use of Public Meeting Rooms

(PLEASE PRINT OR TYPE)

NAME OF ORGANIZATION: GENEVA-EXCELSIOR LIONS CLUB

PURPOSE OF ORGANIZATION: COMMUNITY CHARITY WORK

TYPE OF ACTIVITIES taking place in the Library:

ZONE ORIENTATION MEETING

INDIVIDUAL IN CHARGE of meetings in Library:

NAME: LYLE WORKMAN

ADDRESS: 4867 MISSION ST., S.F. 94112

TELEPHONE: 587-3731

OFFICIAL CAPACITY: ZONE CHAIRMAN

NAME TWO responsible members of the group who could be contacted by the Library by telephone during office hours, if necessary:

NAME: JOSEPH FARRAH, Telephone: 585-5595

NAME: PAUL CORVI Telephone: 585-2122

SPACE REQUESTED: COMMUNITY ROOM

DATE(S): AUGUST 6th Hours: 10:00 a.m. to 1:00 p.m.

APPROXIMATE ATTENDANCE: 30-40 people

OTHER INFORMATION:

**********

This form is to be completed and returned to:

Chief of the Main Library
San Francisco Public Library
Civic Center
San Francisco, CA 94102
558-3471

OR

In case of Branch Library, return to the Librarian in charge of the branch where space is requested.

Approved: Joe Jordan

For further information call: 558-3602

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#31
6/13/94

SAN FRANCISCO PUBLIC LIBRARY

REQUEST FOR SHORT-TERM USE OF LIBRARY MEETING ROOM
(Please type or print)

LOCATION OF MEETING ROOM: BERNAL HEIGHTS LIBRARY - 500 CORTLAND

DATE(S): AUGUST 10th ~~[illegible]~~ HOURS: 7:00 - ~~8:30~~ to 8:30

NAME OF ORGANIZATION: FINANCIAL FITNESS CENTER, AFFILIATE OF FINANCIAL FREEDOM FOUNDATION 501 (C) (3)

PURPOSE OF ORGANIZATION:

TO EDUCATE SOCIETY ON THE IMPORTANCE OF GETTING OUT OF DEBT & STAYING OUT OF DEBT

TYPE OF ACTIVITIES planned for library space:

FREE SEMINAR

ESTIMATED ATTENDANCE: 30

INDIVIDUAL IN CHARGE of meeting(s) in library space:

NAME: AURORA MOYRONG

OFFICIAL CAPACITY: DIRECTOR

TELEPHONE NO.: (415) 334-1302

ADDRESS: 2720 SAN JOSE AVE
SAN FRANCISCO, CA 94112

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JUN 15 1994
SAN FRANCISCO
PUBLIC LIBRARY

TWO ADDITIONAL MEMBERS OF THE ORGANIZATION whom the library can contact, if necessary:

NAME: RODNEY CARREY TELEPHONE NO.: (510) 530-7995

NAME: AURORA MAHONEY TELEPHONE NO.: (415) 282-4807

OTHER INFORMATION: WE BELIEVE THAT FINANCIAL FITNESS IS MORE IMPORTANT IN THE 1990'S THAN PHYSICAL FITNESS IN THE '80S

DECLARATION OF RESPONSIBILITY: I agree to abide by all terms of the San Francisco Public Library Meeting Room Policy, and to be responsible for any cost or liability arising from our use of this facility.

NAME: AURORA MOYRONG Aurora Moyrong

OFFICIAL CAPACITY: DIRECTOR

TELEPHONE NO.: (415) 334-1302

ADDRESS: 2720 SAN JOSE AVE
SAN FRANCISCO, CA 94112

TODAY'S DATE: JUNE 10, 1994

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8/11/94

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PUBLIC LIBRARY

# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATIONS FOR USE OF BRANCH MEETING ROOMS

08/11/94



***Bayview Branch***

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Expiration date: 09/30/94

Children's Council - Doris Landuf
100 Whitney Young Circle, San Francisco, CA 94124; TEL. D 285-3060/E 82
8/17/94: 7-9 PM
Expiration date: 08/18/94

Infusion-One - Gaylon Logan, Jr.
30 Navy Rd, San Francisco, CA 94124; TEL. 648-5953
8/18/94: 5:30-7:30 PM
Expiration date: 08/19/94

Simba Inc. - Kevin Robinson
125 Moss Ave #315, Oakland, CA 94611; TEL. D 822-7114/E 510-654-
8/26/94: 1-3:30 PM
Expiration date: 08/27/94

***Bernal Heights Branch***

---

"SOnnKara" Performance Salon - Ronald Leeson
224 Hugo St, San Francisco, CA 94122; TEL. 566-4631
7/13, 8/13 & 8/27/94: 6-9 PM
Expiration date: 08/28/94

Vanguard Properties/All Source - Charles Morganstern
64 Santa Marina St, San Francisco, CA 94114; TEL. 285-0716
9/21/94: 7-8:30 PM
Expiration date: 09/22/94

***Excelsior Branch***

---

CWest - SF Commodore & Amiga Users Group - George Todd
3462 - 17th St, Apt B, San Francisco, CA 94110; TEL. 626-9946
1st Wed in 7/94; 2nd Wed 8/94 - 12/94: 6:30-8:45PM
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Project Read - Trish Strickland
114 Frederick St #16, San Francisco, CA 94117; TEL. D 984-8820/E 255-63
Every Saturday (*2nd Sat): 1-3 PM (* 2-3 PM)
Expiration date: 01/31/95

***Park Branch***

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Cole Valley Improvement Association - Karen Crommie
628 Ashbury St, San Francisco, CA 94117; TEL. 431-1414
10/27/94: 6-10 PM
Expiration date: 10/28/94

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, San Francisco, CA 94117; TEL. D 621-9553/E 564-8737
8/25/94: 1 PM
Expiration date: 08/26/94

Park Police District Community Relations Mtg. - Michael Gannon
Park Police Station, S.F., CA 94117; TEL. D 553-1061/E 753-7292
Thurs 5/5, 8/4 & Mon 8/15/94: 7:00-9:00PM
Expiration date: 08/16/94

SF Bicycle Coalition (SFBC) - David Snyder
1949 Page St, San Francisco, CA 94117; TEL. 863-1701/252-9119/668
2nd Mondays each month, starting July '94: 6-10 PM
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1390 Market St #1408, San Francisco, CA 94102; TEL. 626-4116
1st Mondays & Tues 7/5/94: 7-9 PM
Expiration date: 11/08/94

*Park Branch*

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The Magic Game Club of California - John Putney
330 Justin Dr, San Francisco, CA 94112; TEL. 616-8537 (D. Stevens)
3rd Tues beg. 7/19/94;9/13;1st & 3rd Tues beg. Oct: 6-12 PM
Expiration date: 12/20/94

*Potrero Branch*

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Atari Bay Area Computer Users Society (ABACUS) - Roger Sinasohn
1034 Capitol Ave, San Francisco, CA 94112; TEL. 469-7924
1st Saturdays: 1:00-6:00PM
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1330 Schooner, Foster City, CA 94404; TEL. 341-0548
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2nd Wednesdays: 1:00PM
Expiration date: 10/06/94

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250 Connecticut St #5, San Francisco, CA 94107; TEL. 861-0345
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2nd Wednesdays beg. 4/13/94: 6:30-8:00PM
Expiration date: 10/12/94

*Presidio/LFTB Branch*

---

LFTB Advisory Committee - Elizabeth Heidhues
566 - 40th Ave, San Francisco, CA 94121; TEL. 752-0471
Thurs 5/5, 7/14, 9/1 & 11/3/94: 2:30PM
Expiration date: 11/04/94

***Western Addition Branch***

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American Chronic Pain Assoc. - Jeri Raimondi
1845 Franklin St #305, San Francisco, CA 94109; TEL. 771-6553
2nd & 4th Thursdays monthly: 1-3 PM
Expiration date: 11/10/94

National Council of Negro Women - Willie Kennedy
City Hall, Room 235, San Francisco, CA 94102; TEL. 554-5734
3rd Saturdays: 2:00-5:00PM
Expiration date: 12/28/94

San Francisco Amateur Astronomers - Dennis Tye
2960 - 21st Ave, San Francisco, CA 94132; TEL. D 622-8993/E 566-0587
2nd Wednesdays: 7:00-8:45PM
Expiration date: 10/30/94

The Senior Citizen Christian Fellowship Group - Mr. Dewitt Nunnery
111 Sweeney St, San Francisco, CA 94134; TEL. 468-2975
3rd Tuesdays monthly, starting April '94: 1-2:30 PM
Expiration date: 12/20/94

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# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATION FOR USE OF PUBLIC MEETING ROOMS

JUL 8 1994

*(Adopted 9/13/92)*

Expiration Date: 8/26/94

***NOTE:*** *Complete this form in duplicate and submit to Manager of Requested Facility.*

| | |
|---|---|
| Dates Requested: 8-11 and 8-25 | Time Requested: 6-10 |
| Facility: PARK | Attendance Expected: 15 |

Describe event or purpose of meeting: Performance Art Salon: Four performance artists showing their works in progress.

INFORMATION ON REQUESTING ORGANIZATION:

| | |
|---|---|
| Name of Group: "Shinkara" Performance Art Salon | Non-Profit: Yes ○ No ● |
| Purpose of Group/Type of Activities to Take Place in the Library: An opportunity for performers to show their works in progress | |
| Primary Contact Person: Ron Leeson | Position in Group: Producer/Coordinator |
| Full Mailing Address: 224 Hugo St. S.F. CA. 94122 | |
| Day Phone: (415) 566-4631 | Evening Phone: (415) 566-4631 |
| Secondary Contact Person: Kally Kahn | Position in Group: |
| Full Mailing Address: 928 Ninth Ave. S.F. CA 94122 | |
| Day Phone: (415) 564-7631 | Evening Phone: (415) 564-7631 |

**CONDITIONS FOR USE:** Insurance required? Yes ☐ No ☑. If yes, attach insurance rider.

"Shinkara" Performance Art Salon *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the "Shinkara" *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on "Shinkara" *(group or organization)*, its agents or employee.

"Shinkara" *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Ronald Leeson *(signature)* 7-7/94 *(date)*.

**SPECIAL AUTHORIZATION:**

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☑ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Vogel

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PPL - 15

Jane Hudson
B/S/D

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# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATION FOR USE OF PUBLIC MEETING ROOMS

SFPL-15
(6/9/92)

Application Date: 7/28/94

NOTE: *Complete this form in duplicate and submit with organization literature to Manager of Requested Facility.*

| | |
|---|---|
| Dates Requested: 2ND SATURDAY 1pm → 2pm | Time Requested: 2nd SAT. 1-2PM (1 hour/mo/SAT |
| Facility: MTG Room | Attendance Expected: 20 → 30 |
| Describe event or purpose of meeting: Computer Club | |

INFORMATION ON REQUESTING ORGANIZATION:

| | |
|---|---|
| Name of Group: Noe Valley Computer Club | Non-Profit: Yes ☒ No ○ |
| Purpose of Group/Type of Activities to Take Place in the Library: Further Computer Literacy | |
| Primary Contact Person: Ed Shuck | Position in Group: Founder |
| Full Mailing Address: 545 Eureka St 94114 | |
| Day Phone: 826-5821 | Evening Phone: 824-5291 |
| Secondary Contact Person: | Position in Group: |
| Full Mailing Address: | |
| Day Phone: | Evening Phone: |

CONDITIONS FOR USE: Insurance required? Yes ☐, No ☒. If yes, attach insurance rider.

*certify that I have read the meeting room rules and Waiver of Liability and agree to all provision of the above:*

Edward Shuck *(signature)*

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**FOR DEPARTMENT USE ONLY**

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AUG 9 1994
SAN FRANCISCO
PUBLIC LIBRARY

EXPIRATION DATE: _____

**SPECIAL AUTHORIZATION:**

REFRESHMENTS: _____ initials of authorizing authority

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: _____

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# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATION FOR USE OF PUBLIC MEETING ROOMS

JUL 21 1994

Expiration Date: Aug 16, 1994

NOTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

| | |
|---|---|
| Dates Requested: Monday, Aug. 15 | Time Requested: 7:00 pm to 9:00 pm |
| Facility: Park Branch Library Mtg. Room | Attendance Expected: 50 |

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JUL 25 1994
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PUBLIC LIBRARY

Describe event or purpose of meeting:
Quarterly Police Crommunity Relations Meetings

INFORMATION ON REQUESTING ORGANIZATION:

| | |
|---|---|
| Name of Group: Park Police District Community Relations Mtg. | Non-Profit: Yes ⊗ No ○ |

Purpose of Group/Type of Activities to Take Place in the Library:
Exchange information between Police & Citizenry

| | |
|---|---|
| Primary Contact Person: Michael Gannon | Position in Group: Comm. Relations coordinator |
| Full Mailing Address: Park Police Station, Stanyan & Waller Sts. San Francisco, CA 94117 | |
| Day Phone: 553-1061 | Evening Phone: 753-7292 |
| Secondary Contact Person: Captain Robert Berry | Position in Group: Chair |
| Full Mailing Address: Park Police Station, Stanyan & Waller Sts. San Francisco, CA 94117 | |
| Day Phone: 553-1065 | Evening Phone: 553-1061 |

CONDITIONS FOR USE: Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

Park Police Station *(identify group or organization)* shall indemnify and save harmless the City from and ainst any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of e Park Police Station *(group or organization)* activities including, but not limited to use of the City's facilities equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be posed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some ty imposed by law or contract on Park Police Station *(group or organization)*, its agents or employee.

Park Police Station *(identify group or organization)* shall indemnify and hold City harmless from all loss and bility, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim estigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

ertify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Robert E. Berry *(signature)* July 12, 1994 *(date)*.
ROBERT J. BERRY
CAPTAIN

**SPECIAL AUTHORIZATION:**

EFRESHMENTS: RV (initials of authorizing authority).
ES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

: BRANCH/MAIN MANAGER: Ruth S. Orta

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# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATION FOR USE OF PUBLIC MEETING ROOMS

JUL 23 1994

(Adopted 9/15/92)

Expiration Date: 2 yr

**NOTE:** *Complete this form in duplicate and submit to Manager of Requested Facility.*

| | |
|---|---|
| Dates Requested: August 17, 1994 | Time Requested: 7:00 p.m. - 9:00 p.m. |
| Facility: BAYVIEW- WADEN #13 | Attendance Expected: 15 |
| Describe event or purpose of meeting: This is a Quarterly Family Day and Provides Support Group | |

INFORMATION ON REQUESTING ORGANIZATION:

| | |
|---|---|
| Name of Group: Children's Council | Non-Profit: Yes ☒ No ○ |
| Purpose of Group/Type of Activities to Take Place in the Library: Presentation & Socialization | |
| Primary Contact Person: Doris Landry | Position in Group: Coordinator |
| Full Mailing Address: 100 Whitney Young Circle | |
| Day Phone: 285-3060 | Evening Phone: 822-2249 |
| Secondary Contact Person: Lucy Smith | Position in Group: Group Leader |
| Full Mailing Address: 1346 McKinnon Avenue | |
| Day Phone: | Evening Phone: |

**CONDITIONS FOR USE:** Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

_____ *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the _____ *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on _____ *(group or organization)*, its agents or employee.

_____ *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

_____ *(signature)* _____ *(date)*.

**SPECIAL AUTHORIZATION:**

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Catherine M. Brenner

DOCUMENTS DEPT.
JUL 26 1994
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PUBLIC LIBRARY

SFPL - 15

Jane Hudson
B/S/D

# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: _____

**NOTE:** *Complete this form in duplicate and submit to Manager of Requested Facility.*

| | |
|---|---|
| Dates Requested: August 18, 1994 | Time Requested: 5:30 - 7:30 P.M. |
| Facility: BAYVIEW- WADEN #13 | Attendance Expected: 15 |
| Describe event or purpose of meeting: Educational Workshop | |

INFORMATION ON REQUESTING ORGANIZATION:

| | |
|---|---|
| Name of Group: Infusion-One | Non-Profit: Yes ☒ No ○ |
| Purpose of Group/Type of Activities to Take Place in the Library: Community Organizing / Discussion Grop | |
| Primary Contact Person: Gaylon Logan, Jr. | Position in Group: Director |
| Full Mailing Address: 30 Navy Road (S.F.) 94124 | |
| Day Phone: (415) 648-5953 | Evening Phone: SAME |
| Secondary Contact Person: Ina Beth Martin | Position in Group: Social Worker |
| Full Mailing Address: 35 Lilian S.F) 94124 | |
| Day Phone: (415) 647-6922 | Evening Phone: SAME |

**CONDITIONS FOR USE:** Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

_____ *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the _____ *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on _____ *(group or organization)*, its agents or employee.

_____ *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Gaylon Logan Jr. *(signature)* 7/28/94 *(date)*.

**SPECIAL AUTHORIZATION:**

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: _____

SFPL - 15

JUL 23 1994
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AUG 10 1994
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# APPLICATION FOR USE OF PUBLIC MEETING ROOMS

MAR 16 1994 (Adopted 9/15/92)

Expiration Date: _____

***NOTE:*** *Complete this form in duplicate and submit to Manager of Requested Facility.*

| | |
|---|---|
| Dates Requested: August 18, 1994 | Time Requested: 6:00 p.m. to 10:00 p.m. |
| *Facility:* Park Branch Community Room | Attendance Expected: 40 - 60 people |
| Describe event or purpose of meeting: Discussion of community issues, usually with guest speakers. | |

INFORMATION ON REQUESTING ORGANIZATION:

| | |
|---|---|
| *Name of Group:* Cole Valley Improvement Association | Non-Profit: Yes ☒ No ○ |
| Purpose of Group/Type of Activities to Take Place in the Library: Discussions of community issues | |
| *Primary Contact Person:* Karen Crommie | Position in Group: President |
| Full Mailing Address: 628 Ashbury St., S.F. 94117 | |
| Day Phone: (415) 431-1414 | Evening Phone: (415) 431-1414 |
| *Secondary Contact Person:* Doerte Murray | Position in Group: Treasurer |
| Full Mailing Address: 526 Clayton St., S.F., 94117 | |
| Day Phone: 626-3607 | Evening Phone: 626-3607 |

**CONDITIONS FOR USE:** Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

Cole Valley Improvement Assn *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the Cole Valley Imp. Assn. *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on Cole Valley Imp. Assn. *(group or organization)*, its agents or employee.

Cole Valley Imp. Assn. *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Karen Lynn Crommie *(signature)* February 18, 1994 *(date)*.

**SPECIAL AUTHORIZATION:**

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____

Key Deposit: $_____ rec'd/waived by: _____

Janitorial: $_____ rec'd/waived by: _____

☑ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Rita S. Vose

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# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: Feb 95

**NOTE:** *Complete this form in duplicate and submit to Manager of Requested Facility.*

| | |
|---|---|
| Dates Requested: 3rd Thursday | Time Requested: 1:00 pm |
| Facility: PARK | Attendance Expected: 15 |
| Describe event or purpose of meeting: Monthly meeting of coalition of Haight Ashbury service providers | |

INFORMATION ON REQUESTING ORGANIZATION:

| | |
|---|---|
| Name of Group: Haight Ashbury Service Association | Non-Profit: Yes ☑ No ○ |
| Purpose of Group/Type of Activities to Take Place in the Library: Monthly planning + organizing meetings of service providers' coalition | |
| Primary Contact Person: Donna Gouse | Position in Group: Staff organizer |
| Full Mailing Address: 409 Clayton St. San Francisco, CA 94117 | |
| Day Phone: 621-9553 | Evening Phone: 564-8757 |
| Secondary Contact Person: Anthony Van der Mohll | Position in Group: Staff organizer |
| Full Mailing Address: 409 Clayton St., San Francisco, CA 94117 | |
| Day Phone: 621-9553 | Evening Phone: |

**CONDITIONS FOR USE:** Insurance required? Yes ☐ No ☑. If yes, attach insurance rider.

Haight Ashbury Service Assoc (HASA) *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the HASA *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on HASA *(group or organization)*, its agents or employee.

HASA *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Donna Gouse *(signature)* 8/12/94 *(date)*.

**SPECIAL AUTHORIZATION:**

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☑ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Vose

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# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATIONS FOR USE OF BRANCH MEETING ROOMS

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***Bayview Branch***

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Burnett Children's Center - Ana Fisher
1520 Oakdale Ave, San Francisco, CA 94124; TEL. D 585-0414/695-5660
Every other Thursday: 3:15-4:00PM
Expiration date: 09/30/94

Simba Inc. - Kevin Robinson
125 Moss Ave #315, Oakland, CA 94611; TEL. D 822-7114/E 510-654-
8/26/94: 1-3:30 PM
Expiration date: 08/27/94

***Bernal Heights Branch***

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"SOnnKara" Performance Salon - Ronald Leeson
224 Hugo St, San Francisco, CA 94122; TEL. 566-4631
7/13, 8/13 & 8/27/94: 6-9 PM
Expiration date: 08/28/94

Vanguard Properties/All Source - Charles Morganstern
64 Santa Marina St, San Francisco, CA 94114; TEL. 285-0716
9/21/94: 7-8:30 PM
Expiration date: 09/22/94

***Excelsior Branch***

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CWest - SF Commodore & Amiga Users Group - George Todd
3462 - 17th St, Apt B, San Francisco, CA 94110; TEL. 626-9946
1st Wed in 7/94; 2nd Wed 8/94 - 12/94: 6:30-8:45PM
Expiration date: 12/15/94

International Training in Communication - Georgia Young
324 Laidley St, San Francisco, CA 94131; TEL. 333-4954
9/10/94: 1-4 PM
Expiration date: 09/11/94

*Noe Valley Branch*

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Noe Valley Computer Club - Ed Shuck
545 Eureka St, San Francisco, CA 94114; TEL. D 826-5821/E 824-5291
2nd Saturday: 1-2 PM
Expiration date: 01/31/95

Project Read - Trish Strickland
114 Frederick St #16, San Francisco, CA 94117; TEL. D 984-8820/E 255-63
Every Saturday (*2nd Sat): 1-3 PM (* 2-3 PM)
Expiration date: 01/31/95

*Park Branch*

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Cole Valley Improvement Association - Karen Crommie
628 Ashbury St, San Francisco, CA 94117; TEL. 431-1414
10/27/94: 6-10 PM
Expiration date: 10/28/94

Haight Ashbury Neighborhood Council (HANC) - Donna Gouse
409 Clayton St, San Francisco, CA 94117; TEL. D 621-9553/E 564-8757
2nd Thursday: 7 PM
Expiration date: 02/10/95

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, San Francisco, CA 94117; TEL. D 621-9553/E 564-8737
8/25/94 & 3rd Thursday thereafter: 1 PM
Expiration date: 02/17/95

SF Bicycle Coalition (SFBC) - David Snyder
1949 Page St, San Francisco, CA 94117; TEL. 863-1701/252-9119/668
2nd Mondays each month, starting July '94: 6-10 PM
Expiration date: 01/01/95

SF Support Group for Adults with Dyslexia - William Reed
1390 Market St #1408, San Francisco, CA 94102; TEL. 626-4116
1st Mondays; Tues 9/6/94: 7-9 PM
Expiration date: 11/08/94

The Magic Game Club of California - John Putney
330 Justin Dr, San Francisco, CA 94112; TEL. 616-8537 (D. Stevens)
3rd Tues beg. 7/19/94;9/13;1st & 3rd Tues beg. Oct: 6-12 PM
Expiration date: 12/20/94

SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS FOR USE OF BRANCH MEETING ROOMS



*Park Branch*

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*Potrero Branch*

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Atari Bay Area Computer Users Society (ABACUS) - Roger Sinasohn
1034 Capitol Ave, San Francisco, CA 94112; TEL. 469-7924
1st Saturdays: 1:00-6:00PM
Expiration date: 09/30/94

National Health Federation - Shirley Potasz
1330 Schooner, Foster City, CA 94404; TEL. 341-0548
3rd Saturdays beg. 5/21/94: 1:30-5 PM
Expiration date: 11/20/94

Potrero Women's Club - Margaret Rice
528 Arkansas St, San Francisco, CA 94107; TEL. 824-7423
2nd Wednesdays: 1:00PM
Expiration date: 10/06/94

San Francisco Independent Booster Club - Richard Millet
250 Connecticut St #5, San Francisco, CA 94107; TEL. 861-0345
1st Saturdays each month: 11 AM - 12:45 PM
Expiration date: 12/04/94

The Benefits Co. & SOMA Acupuncture/Natural Health - Michele/Carl Hangee-
862 Folsom St, San Francisco, CA 94107; TEL. D 974-5596/E 285-0251
2nd Wednesdays beg. 4/13/94: 6:30-8:00PM
Expiration date: 10/12/94

*Presidio/LFTB Branch*

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LFTB Advisory Committee - Elizabeth Heidhues
566 - 40th Ave, San Francisco, CA 94121; TEL. 752-0471
Thurs 5/5, 7/14, 9/1 & 11/3/94: 2:30PM
Expiration date: 11/04/94

*Western Addition Branch*

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American Chronic Pain Assoc. - Jeri Raimondi
1845 Franklin St #305, San Francisco, CA 94109; TEL. 771-6553
2nd & 4th Thursdays monthly: 1-3 PM
Expiration date: 11/10/94

National Council of Negro Women - Willie Kennedy
City Hall, Room 235, San Francisco, CA 94102; TEL. 554-5734
3rd Saturdays: 2:00-5:00PM
Expiration date: 12/28/94

San Francisco Amateur Astronomers - Dennis Tye
2960 - 21st Ave, San Francisco, CA 94132; TEL. D 622-8993/E 566-0587
2nd Wednesdays: 7:00-8:45PM
Expiration date: 10/30/94

The Senior Citizen Christian Fellowship Group - Mr. Dewitt Nunnery
111 Sweeney St, San Francisco, CA 94134; TEL. 468-2975
3rd Tuesdays monthly, starting April '94: 1-2:30 PM
Expiration date: 12/20/94

SAN FRANCISCO PUBLIC LIBRARY EXCELSIOR BRANCH

Aug 3, 1994 EXP 8/94

10/70

Request for Use of Public Meeting Rooms

(PLEASE PRINT OR TYPE)

NAME OF ORGANIZATION: Glenridge Nursery School

PURPOSE OF ORGANIZATION: Pre School

TYPE OF ACTIVITIES taking place in the Library: meetings of new parents

INDIVIDUAL IN CHARGE of meetings in Library:

NAME: Julie Mitra

ADDRESS: 743 Paris St 94112

TELEPHONE: 334-2614

OFFICIAL CAPACITY: VP

NAME TWO responsible members of the group who could be contacted by the Library by telephone during office hours, if necessary:

NAME: Leslie Salmon Berg Telephone: 337-2698

NAME: Meribeth Goldish Telephone: 586-1516

SPACE REQUESTED:

DATE(S): Aug 23 Hours: 2 to 4 pm

APPROXIMATE ATTENDANCE: 20

OTHER INFORMATION:

**********

This form is to be completed and returned to:

Chief of the Main Library
San Francisco Public Library
Civic Center
San Francisco, CA 94102
558-3471

OR

Appi J Goldman

In case of Branch Library, return to the Librarian in charge of the branch where space is requested.

For further information call: 558-3602

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SAN FRANCISCO
PUBLIC LIBRARY

EXCELSIOR BRANCH

SAN FRANCISCO PUBLIC LIBRARY

JUN 1 1994

EXP 12/94

**REQUEST FOR USE OF PUBLIC MEETING ROOMS**

(PLEASE PRINT OR TYPE)

NAME OF ORGANIZATION: EXCELSIOR BUSINESS ASSOC LTD

PURPOSE OF ORGANIZATION: TO PROMOTE BUSINESS ACTIVITIES OF EXCELSIOR DISTRICT

TYPE OF ACTIVITIES taking place in the Library: BOARD MEMBER MEETINGS

INDIVIDUAL IN CHARGE of meetings in Library:

NAME: MING Y. SUEN

ADDRESS: 4477 MISSION, SF 94112

TELEPHONE: 587-1231

OFFICIAL CAPACITY: PRESIDENT

NAME TWO responsible members of the group who could be contacted by the Library by telephone during office hours, if necessary:

NAME: MING SUEN Telephone: 587-1231

NAME: WALTER JEBB Telephone: 581-8300

SPACE REQUESTED: MEETING

DATE(S): FOURTH WED OF EACH MONTH (Dec. Bar.) Hours: 6:30 to 8:30

APPROXIMATE ATTENDANCE: 12-20

OTHER INFORMATION:

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *

This form is to be completed and returned to:

Chief of the Main Library
San Francisco Public Library
Civic Center
San Francisco, CA 94102
558-3471

OR

In case of Branch Library, return to the Librarian in charge of the Branch where space is requested.

approved: Joan Goldman

For further information on Branch meeting facilities call:

558-3602

SFPL-15 (11/82)

SF
P75
#31a
8-8-94

(8/8/94)

# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: 8/8/94

**NOTE:** *Complete this form in duplicate and submit to Manager of Requested Facility.*

| | |
|---|---|
| Dates Requested: Thurs., Aug. 25, 1-3pm | Time Requested: 1:00 pm |
| Facility: PARK | Attendance Expected: 15 |

Describe event or purpose of meeting:
Monthly meeting of coalition of service providers

INFORMATION ON REQUESTING ORGANIZATION:

| | |
|---|---|
| Name of Group: HAIGHT ASHBURY SERVICE ASSOCIATION | Non-Profit: Yes ☑ No ○ |
| Purpose of Group/Type of Activities to Take Place in the Library: Discussion - regular meeting of group | |
| Primary Contact Person: Donna Crouse | Position in Group: Organizer |
| Full Mailing Address: 409 Clayton St. S.F. 94117 | |
| Day Phone: 621-9553 | Evening Phone: 564-8757 |
| Secondary Contact Person: Anthony Von der Muhll | Position in Group: Organizer |
| Full Mailing Address: 409 Clayton St. SF 94117 | |
| Day Phone: 621-9553 | Evening Phone: |

**CONDITIONS FOR USE:** Insurance required? Yes ☐ No ☑. If yes, attach insurance rider.

Haight Ashbury Service Assoc *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the HASA *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on HASA *(group or organization)*, its agents or employee.

HASA *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Donna Crouse *(signature)* 8/8/94 *(date)*.

**SPECIAL AUTHORIZATION:**

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☑ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Ope

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PUBLIC LIBRARY

# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATIONS FOR USE OF BRANCH MEETING ROOMS



***Bayview Branch***

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Burnett Children's Center - Ana Fisher
1520 Oakdale Ave, San Francisco, CA 94124; TEL. D 585-0414/695-5660
Every other Thursday: 3:15-4:00PM
Expiration date: 09/30/94

***Bernal Heights Branch***

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Vanguard Properties/All Source - Charles Morganstern
64 Santa Marina St, San Francisco, CA 94114; TEL. 285-0716
9/21/94: 7-8:30 PM
Expiration date: 09/22/94

***Excelsior Branch***

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CWest - SF Commodore & Amiga Users Group - George Todd
3462 - 17th St, Apt B, San Francisco, CA 94110; TEL. 626-9946
1st Wed in 7/94; 2nd Wed 8/94 - 12/94: 6:30-8:45PM
Expiration date: 12/15/94

International Training in Communication - Georgia Young
324 Laidley St, San Francisco, CA 94131; TEL. 333-4954
9/10/94: 1-4 PM
Expiration date: 09/11/94

***Noe Valley Branch***

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Noe Valley Computer Club - Ed Shuck
545 Eureka St, San Francisco, CA 94114; TEL. D 826-5821/E 824-5291
2nd Saturday: 1-2 PM
Expiration date: 01/31/95

Project Read - Trish Strickland
114 Frederick St #16, San Francisco, CA 94117; TEL. D 984-8820/E 255-63
Every Saturday (*2nd Sat): 1-3 PM (* 2-3 PM)
Expiration date: 01/31/95

***Park Branch***

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"SOnnKara" - Ron Leeson
224 Hugo St, San Francisco, CA 94122; TEL. 566-4631
9/1 & 9/22/94: 6-10 PM
Expiration date: 09/23/94

Cole Valley Improvement Association - Karen Crommie
628 Ashbury St, San Francisco, CA 94117; TEL. 431-1414
10/27/94: 6-10 PM
Expiration date: 10/28/94

Haight Ashbury Neighborhood Council (HANC) - Donna Gouse
409 Clayton St, San Francisco, CA 94117; TEL. D 621-9553/E 564-8757
2nd Thursday: 7 PM
Expiration date: 02/10/95

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, San Francisco, CA 94117; TEL. D 621-9553/E 564-8737
8/25/94 & 3rd Thursday thereafter: 1 PM
Expiration date: 02/17/95

SF Bicycle Coalition (SFBC) - David Snyder
1949 Page St, San Francisco, CA 94117; TEL. 863-1701/252-9119/668
2nd Mondays each month, starting July '94: 6-10 PM
Expiration date: 01/01/95

SF Support Group for Adults with Dyslexia - William Reed
1390 Market St #1408, San Francisco, CA 94102; TEL. 626-4116
1st Mondays; Tues 9/6/94: 7-9 PM
Expiration date: 11/08/94

The Magic Game Club of California - John Putney
330 Justin Dr, San Francisco, CA 94112; TEL. 616-8537 (D. Stevens)
3rd Tues beg. 7/19/94;9/13;1st & 3rd Tues beg. Oct: 6-12 PM
Expiration date: 12/20/94

William R. De Avila School Parent's Group - Paula Land
822 Masonic Ave, San Francisco, CA 94117; TEL. 563-1751
8/31/94: 6:30 PM
Expiration date: 09/01/94

*Potrero Branch*

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Atari Bay Area Computer Users Society (ABACUS) - Roger Sinasohn
1034 Capitol Ave, San Francisco, CA 94112; TEL. 469-7924
1st Saturdays: 1:00-6:00PM
Expiration date: 09/30/94

National Health Federation - Shirley Potasz
1330 Schooner, Foster City, CA 94404; TEL. 341-0548
3rd Saturdays beg. 5/21/94: 1:30-5 PM
Expiration date: 11/20/94

Potrero Women's Club - Margaret Rice
528 Arkansas St, San Francisco, CA 94107; TEL. 824-7423
2nd Wednesdays: 1:00PM
Expiration date: 10/06/94

San Francisco Independent Booster Club - Richard Millet
250 Connecticut St #5, San Francisco, CA 94107; TEL. 861-0345
1st Saturdays each month: 11 AM - 12:45 PM
Expiration date: 12/04/94

The Benefits Co. & SOMA Acupuncture/Natural Health - Michele/Carl Hangee-
862 Folsom St, San Francisco, CA 94107; TEL. D 974-5596/E 285-0251
2nd Wednesdays beg. 4/13/94: 6:30-8:00PM
Expiration date: 10/12/94

*Presidio/LFTB Branch*

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LFTB Advisory Committee - Elizabeth Heidhues
566 - 40th Ave, San Francisco, CA 94121; TEL. 752-0471
Thurs 5/5, 7/14, 9/1 & 11/3/94: 2:30PM
Expiration date: 11/04/94

*Western Addition Branch*

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American Chronic Pain Assoc. - Jeri Raimondi
1845 Franklin St #305, San Francisco, CA 94109; TEL. 771-6553
2nd & 4th Thursdays monthly: 1-3 PM
Expiration date: 11/10/94

*Western Addition Branch*

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Live Poets Society - Sally Saunders
2030 Vallejo St #501, San Francisco, CA 94123; TEL. 673-7213
10/5 & 10/12/94: 5-6:30 PM
Expiration date: 10/13/94

National Council of Negro Women - Willie Kennedy
City Hall, Room 235, San Francisco, CA 94102; TEL. 554-5734
3rd Saturdays: 2:00-5:00PM
Expiration date: 12/28/94

SF Esperanto Regional Organization - Charles Galvin, Jr.
121 Cortland Ave, San Francisco, CA 94110; TEL. D 397-5517/E 821-9783
1st Saturdays, 9/94 through 12/94: 1:30-3 PM
Expiration date: 12/04/94

San Francisco Amateur Astronomers - Dennis Tye
2960 - 21st Ave, San Francisco, CA 94132; TEL. D 622-8993/E 566-0587
2nd Wednesdays: 7:00-8:45PM
Expiration date: 10/30/94

The Senior Citizen Christian Fellowship Group - Mr. Dewitt Nunnery
111 Sweeney St, San Francisco, CA 94134; TEL. 468-2975
3rd Tuesdays monthly, starting April '94: 1-2:30 PM
Expiration date: 12/20/94

AUG 18 1994

# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: Sept 1, 1994

**NOTE:** *Complete this form in duplicate and submit to Manager of Requested Facility.*

| | |
|---|---|
| Dates Requested: Aug. 31, 1994 (Wednesday) | Time Requested: 6:30 p.m. |
| Facility: PARK | Attendance Expected: 6-10 |
| Describe event or purpose of meeting: Meeting to discuss parent concerns | |

INFORMATION ON REQUESTING ORGANIZATION:

| | |
|---|---|
| Name of Group: William R. DeAvila School Parent's Group | Non-Profit: Yes ✓ No ○ |
| Purpose of Group/Type of Activities to Take Place in the Library: Meeting to discuss parent concerns | |
| Primary Contact Person: Paula Land | Position in Group: Recorder |
| Full Mailing Address: 822 Masonic Avenue, San Francisco 94117 | |
| Day Phone: 563-1751 | Evening Phone: 563-1751 |
| Secondary Contact Person: Pamela Blittersdorf | Position in Group: Chair |
| Full Mailing Address: 2085 Hayes Street #9, San Francisco 94117 | |
| Day Phone: 476-1493 (w) | Evening Phone: 666-0939 |

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CONDITIONS FOR USE: Insurance required? Yes ☐ No ☑. If yes, attach insurance rider.

WRDA Parent Group *(identify group or organization)* shall indemnify and save harmless the City from and gainst any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of he WRDA Parent Group *(group or organization)* activities including, but not limited to use of the City's facilities r equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be mposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect n or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result f active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some ully imposed by law or contract on WRDA Parent Group *(group or organization)*, its agents or employee.

WRDA Parent Group *(identify group or organization)* shall indemnify and hold City harmless from all loss and ability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim vestigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

ertify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Paula Land *(signature)* 8/17/94 *(date)*.

**SPECIAL AUTHORIZATION:**

FRESHMENTS: _____ (initials of authorizing authority).

ES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BRANCH/MAIN MANAGER: Peter S. Cose

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-Jane Hudson
B/S/D

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# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATION FOR USE OF PUBLIC MEETING ROOMS

AUG 13

(Adopted 9/15/92)

Expiration Date: Sept 22, 1994

**NOTE:** *Complete this form in duplicate and submit to Manager of Requested Facility.*

| | |
|---|---|
| Dates Requested: Sept. 1 and Sept 22 | Time Requested: 6-10 PM |
| Facility: PARK | Attendance Expected: 15 |
| Describe event or purpose of meeting: Performance Salon - an opportunity to try out works in progress. | |

AUG 24 1994

INFORMATION ON REQUESTING ORGANIZATION:

| | |
|---|---|
| Name of Group: "Sonnflara" | Non-Profit: Yes ○ No ● |
| Purpose of Group/Type of Activities to Take Place in the Library: Performance workshop for new material | |
| Primary Contact Person: Fran Leeson | Position in Group: Coordinator |
| Full Mailing Address: 224 Hugo St. S.F. CA 94122 | |
| Day Phone: 566-4631 | Evening Phone: 566-4631 |
| Secondary Contact Person: Kally Kahn | Position in Group: Assistant |
| Full Mailing Address: 893 Ninth Ave. | |
| Day Phone: 564-7631 | Evening Phone: 564-7631 |

**CONDITIONS FOR USE:** Insurance required? Yes ☐ No ☑. If yes, attach insurance rider.

"Sonnflara" *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the "Sonnflara" *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on "Sonnflara" *(group or organization)*, its agents or employee.

"Sonnflara" *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Donald Leeson *(signature)* 8-17/94 *(date)*.

**SPECIAL AUTHORIZATION:**

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☑ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Vose

SFPL - 15

SF Public Library
AUG 23 1994
MAR 11 1994 ~~SEP 08 1993~~

EXPIRATION DATE: 12/28/94

# APPLICATION FOR USE OF SFPL MEETING ROOM:

Note: Complete form 74.3 in duplicate)
and submit to Manager of Requested Facility

| | |
|---|---|
| DATES REQUESTED: 1st Saturday monthly 9/94 through 12/94 | REQUESTED: ~~1-4 pm~~ 1:30-3PM |
| FACILITY: LSA meeting room | ATTENDANCE EXPECTED: 20 |
| Describe event or purpose of meeting: SFERO Monthly program of the San Francisco Esperanto Regional orgn. | |

INFORMATION ON REQUESTING ORGANIZATION:

| | |
|---|---|
| NAME OF GROUP: San Francisco, Esperanto Regional Organization | Non-Profit: Yes ✓ No O |
| PURPOSE OF GROUP: To teach and practice speaking Esperanto — hospitality to foreign Esperantists | |
| PERSON APPLYING: Charles E. Galvin, Jr. | POSITION IN GROUP: President |
| MAILING ADDRESS: 121 Cortland Ave SF 94110 | |
| DAY PHONE: 397-5517 | NIGHT PHONE: 821-9783 |

CATEGORY OF USE: circle all that apply

| | | |
|---|---|---|
| Library-sponsored event: | Yes | No |
| Government agency: | Yes | No |
| Community-based group: | (Yes) | No |
| Children/Youth Literacy/Education Group: | Yes | No |
| Other: | | |

CONDITIONS FOR USE:
Insurance required (Yes/(No)). If yes, attach insurance rider.

I certify I have read the meeting room rules, Indeminification, and Waiver of liability and agree to all provision of the above:

Charles Galvin
(signature)

SPECIAL AUTHORIZATION:
REFRESHMENTS: ____ initials of authorizing authority
FEES PAID/WAIVED:
Room rental: ____ rec'd/waived by: ____
Key Depost: ____ rec'd/waived by: ____
Janitorial: ____ rec'd/waived by: ____

X APPROVED ____ DISAPPROVED

____ ROOM NOT AVAILABLE: ALTERNATE SUGGESTED: ____

by: Branch/Main Manager: Joan Jackson

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Rec'd 9/94

EXCELSIOR BRANCH
SAN FRANCISCO PUBLIC LIBRARY

REQUEST FOR USE OF PUBLIC MEETING ROOMS

(PLEASE PRINT OR TYPE)

NAME OF ORGANIZATION: INTERNATIONAL TRAINING IN COMMUNICATION

PURPOSE OF ORGANIZATION: SELF DEVOLEMENT, SPEECH, PARLIMENTARY PROCEDURE AND PROTOCOL ETC.

TYPE OF ACTIVITIES taking place in the Library: STUDY GROUP WORKSHOPS

INDIVIDUAL IN CHARGE of meetings in Library:

NAME: GEORGIA L YOUNG

ADDRESS: 324 LAIDLEY STREET SAN FRANCISCO CA 94131

TELEPHONE: 415-3334954

OFFICIAL CAPACITY: 10 - 12

NAME TWO responsible members of the group who could be contacted ~~by~~ the Library by telephone during office hours, if necessary:

NAME: SHARON KELLY Telephone: 753-5337

NAME: NORMA GARVENTA Telephone: 824-0788

SPACE REQUESTED: 9-10-

DATE(S): 9-10- Hours: 1PM to 4PM.

APPROXIMATE ATTENDANCE: 10-12

OTHER INFORMATION:

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *

This form is to be completed and returned to:

Chief of the Main Library
San Francisco Public Library
Civic Center
San Francisco, CA 94102
558-3471

OR

App: Jean Goldman

In case of Branch Library, return to the Librarian in charge of the Branch where space is requested.

For further information on Branch meeting facilities call:

558-3602

SFPL-15 (11/82)

# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: ~~[illegible]~~ 2/95

**NOTE:** *Complete this form in duplicate and submit to Manager of Requested Facility.*

| | |
|---|---|
| Dates Requested: add Tues, Sept 13, then every 1st + 3rd Tues, beginning in Oct. | Time Requested: 6-12 pm |
| Facility: PARK | Attendance Expected: 20-40 |
| Describe event or purpose of meeting: To play the card game (Magic the Gathering) which is non-gambling. | |

INFORMATION ON REQUESTING ORGANIZATION:

| | |
|---|---|
| Name of Group: The Magic Game Club of California | Non-Profit: Yes ☑ No ○ |
| Purpose of Group/Type of Activities to Take Place in the Library: To play the Game of Magic the Gathering | |
| Primary Contact Person: John Putney | Position in Group: founder |
| Full Mailing Address: Box 472043 SF CA 94147-2043 | |
| Day Phone: (330 Justin Dr., SF 94112) | Evening Phone: |
| Secondary Contact Person: Dave Stevens | Position in Group: |
| Full Mailing Address: 1599 Oak St SF | |
| Day Phone: ~~626-2277~~ 616-8537 | Evening Phone: 626-2277 (home) |

**CONDITIONS FOR USE:** Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

Magic Game Club *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the Magic Game Club *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on Magic Game Club *(group or organization)*, its agents or employees.

Magic Game Club *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

John Putney *(signature)* 7-5-94 *(date)*

**SPECIAL AUTHORIZATION:**

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☑ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Vore

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# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATION FOR USE OF PUBLIC MEETING ROOMS

SEP (Adopted 9/15/92)

Expiration Date: Sept. 29, 1994

**NOTE:** *Complete this form in duplicate and submit to Manager of Requested Facility.*

| | |
|---|---|
| Dates Requested: Wed. Eves, Sept 14 + 28 | Time Requested: Wedn. Sept. 14th + 28th |
| Facility: PARK | Attendance Expected: 20-30. 7-9 pm |
| Describe event or purpose of meeting: Organizational & planning meeting for our economic action group (see Attached) | |

INFORMATION ON REQUESTING ORGANIZATION:

| | |
|---|---|
| Name of Group: Generation X Alliance | Non-Profit: Yes ☒ No ☐ |
| Purpose of Group/Type of Activities to Take Place in the Library: Organizational and planning meeting for new members | |
| Primary Contact Person: Mark Thompson, Ph.D. | Position in Group: Director |
| Full Mailing Address: 218 Randall St, San Francisco, CA 94131 | |
| Day Phone: 695-2780. | Evening Phone: Same |
| Secondary Contact Person: Keith Pascal | Position in Group: Vice President |
| Full Mailing Address: 670 Roosevelt St, San Francisco 94130 | |
| Day Phone: 703-0507 | Evening Phone: Same |

**CONDITIONS FOR USE:** Insurance required? Yes ☐ No ☑. If yes, attach insurance rider.

Generation X Alliance *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the GenX *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on Gen X *(group or organization)*, its agents or employee.

Gen X Alliance *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Mark Thompson *(signature)* 8/30/94 *(date)*.

**SPECIAL AUTHORIZATION:**

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____

Key Deposit: $_____ rec'd/waived by: _____

Janitorial: $_____ rec'd/waived by: _____

☑ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Vose

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SAN FRANCISCO PUBLIC LIBRARY

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Request for Use of Public Meeting Rooms

(PLEASE PRINT OR TYPE)

NAME OF ORGANIZATION: Vanguard Properties / All Source

PURPOSE OF ORGANIZATION: Real Estate Purchase / Loans

TYPE OF ACTIVITIES taking place in the Library: Seminar For Real Estate / Loans For 1st Time Buyers

INDIVIDUAL IN CHARGE of meetings in Library:

NAME: Charles E Morgenstern

ADDRESS: 64 Santa Marina St SF 94110

TELEPHONE: (415) 285-0716

OFFICIAL CAPACITY:

NAME TWO responsible members of the group who could be contacted by the Library by telephone during office hours, if necessary:

NAME: June DAVID Telephone: 583-1600

NAME: Neil Ginsburg Telephone: 864-2800

SPACE REQUESTED: Downstairs Library

DATE(S): Sept 21 94 Hours: 7 to 8:30

APPROXIMATE ATTENDANCE: 15

OTHER INFORMATION:

**********

This form is to be completed and returned to:

Chief of the Main Library
San Francisco Public Library
Civic Center
San Francisco, CA 94102
558-3471

OR

In case of Branch Library, return to the Librarian in charge of the branch where space is requested.

For further information call:
558-3602

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# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATION FOR USE OF PUBLIC MEETING ROOMS

SEP 23 1994

(Adopted 9/15/92)

Expiration Date: up

**NOTE:** *Complete this form in duplicate and submit to Manager of Requested Facility.*

| | |
|---|---|
| Dates Requested: ~~September 21, 1994~~ 9/24, 10/1, 10/8, 10/15, 10/22, 10/29, 11/5 | Time Requested: 9:30a.m - 1:30p.m. |
| Facility: BAYVIEW- WADEN #13 | Attendance Expected: 20 |
| Describe event or purpose of meeting: To plan and pass out materials. | |

INFORMATION ON REQUESTING ORGANIZATION:

| | |
|---|---|
| Name of Group: Bayview Hunters Point Labor/Neighbor club | Non-Profit: Yes ☒ No ☐ |
| Purpose of Group/Type of Activities to Take Place in the Library: meeting to plan group functions and pass out literature | |
| Primary Contact Person: LaWanna Preston | Position in Group: Coordinator |
| Full Mailing Address: 1390 Market Street, Suite 1118, S.F. CA 94102 | |
| Day Phone: (415) 575-1740 ext. 113 | Evening Phone: (510) 222-9254 |
| Secondary Contact Person: Bill Lloyd | Position in Group: Overall Director |
| Full Mailing Address: same | |
| Day Phone: (415) 575-1740 | Evening Phone: (510) 693-5551 |

**CONDITIONS FOR USE:** Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

Bayview Hunters Point Labor/Neighbor Club *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the Labor/Neighbor Club *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on Bayview Hunters Point *(group or organization)*, its agents or employee.

Bayview Hunters Point Lab/N. club Labor Neighbor club *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

LaWanna Preston *(signature)* Sept. 21, 1994 *(date)*.

**SPECIAL AUTHORIZATION:**

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: _____

DOCUMENTS DEPT.
SEP 27 1994
SAN FRANCISCO
PUBLIC LIBRARY

SFPL - 15

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30/94

EXCELSIOR BRANCH
SAN FRANCISCO PUBLIC LIBRARY

SEP 30 1994

**REQUEST FOR USE OF PUBLIC MEETING ROOMS**

(PLEASE PRINT OR TYPE)

NAME OF ORGANIZATION: S.F. Bay Girl Scout Council

PURPOSE OF ORGANIZATION: Cadette Girl Scout Troop being formed (grades 6-9).

TYPE OF ACTIVITIES taking place in the Library: Meetings – Arts + Crafts working on service project prep. etc.

INDIVIDUAL IN CHARGE of meetings in Library:

NAME: Jean Marie Green

ADDRESS: 58 Danton St.

TELEPHONE: 585-1158

OFFICIAL CAPACITY: Leader of forming troop

NAME TWO responsible members of the group who could be contacted by the Library by telephone during office hours, if necessary:

NAME: Irene Molina Telephone: 1-800-447-4475

NAME: Sara Appleton Telephone: 665-7434

SPACE REQUESTED: Meeting Room

DATE(S): Fridays 9/30, 10/7 Hours: 4 P.M. to 6 P.M.

APPROXIMATE ATTENDANCE: Unknown now but approx. 6-14

OTHER INFORMATION:

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *

This form is to be completed and returned to:

Chief of the Main Library
San Francisco Public Library
Civic Center
San Francisco, CA 94102
558-3471

OR

approved: [signature]

In case of Branch Library, return to the Librarian in charge of the Branch where space is requested.

For further information on Branch meeting facilities call:

558-3602

DOCUMENTS DEPT.
OCT 4 1994
SAN FRANCISCO
PUBLIC LIBRARY

SFPL-15 (11/82)

SF
P15
#31
10/11/94

# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATIONS FOR USE OF BRANCH MEETING ROOMS

DOCUMENTS DEPT.
OCT 12 1994
SAN FRANCISCO
PUBLIC LIBRARY



*Excelsior Branch*

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CWest - SF Commodore & Amiga Users Group - George Todd
3462 - 17th St, Apt B, San Francisco, CA 94110; TEL. 626-9946
1st Wed in 7/94; 2nd Wed 8/94 - 12/94: 6:30-8:45PM
Expiration date: 12/15/94

*Noe Valley Branch*

---

Noe Valley Computer Club - Ed Shuck
545 Eureka St, San Francisco, CA 94114; TEL. D 826-5821/E 824-5291
2nd Saturday: 1-2 PM
Expiration date: 01/31/95

Project Read - Trish Strickland
114 Frederick St #16, San Francisco, CA 94117; TEL. D 984-8820/E 255-63
Every Saturday (*2nd Sat): 1-3 PM (* 2-3 PM)
Expiration date: 01/31/95

*Park Branch*

---

"SOnnKara" - Ron Leeson
224 Hugo St, San Francisco, CA 94122; TEL. 566-4631
10/11 & 10/25/94: 6-10 PM
Expiration date: 10/26/94

Haight Ashbury Neighborhood Council (HANC) - Donna Gouse
409 Clayton St, San Francisco, CA 94117; TEL. D 621-9553/E 564-8757
2nd Thursday: 7 PM
Expiration date: 02/10/95

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, San Francisco, CA 94117; TEL. D 621-9553/E 564-8737
8/25/94 & 3rd Thursday thereafter: 1 PM
Expiration date: 02/17/95

Haight Street Merchants - Bill Hoover
1400 Haight St, San Francisco, CA 94117; TEL. D 255-1180/E 648-3174
10/12/94: 6 PM
Expiration date: 10/13/94

*Park Branch*

---

SF Bicycle Coalition (SFBC) - David Snyder
1949 Page St, San Francisco, CA 94117; TEL. 863-1701/252-9119/668
2nd Mondays each month, starting July '94: 6-10 PM
Expiration date: 01/01/95

SF Support Group for Adults with Dyslexia - William Reed
1390 Market St #1408, San Francisco, CA 94102; TEL. 626-4116
1st Mondays: 7-9 PM
Expiration date: 04/05/95

The Magic Game Club of California - John Putney
330 Justin Dr, S.F., CA 94112; TEL. 616-8537/626-2277 (Da
1st & 3rd Tues beg. Oct.; Thurs 10/27/94: 6-10 PM
Expiration date: 12/20/94

*Potrero Branch*

---

Atari Bay Area Computer Users Society (ABACUS) - Roger Sinasohn
1034 Capitol Ave, San Francisco, CA 94112; TEL. 469-7924
1st Saturdays: 1:00-6:00PM
Expiration date: 04/02/95

National Health Federation - Shirley Potasz
1330 Schooner, Foster City, CA 94404; TEL. 341-0548
3rd Saturdays beg. 5/21/94: 1:30-5 PM
Expiration date: 11/20/94

San Francisco Independent Booster Club - Richard Millet
250 Connecticut St #5, San Francisco, CA 94107; TEL. 861-0345
1st Saturdays each month: 11 AM - 12:45 PM
Expiration date: 12/04/94

The Benefits Co. & SOMA Acupuncture/Natural Health - Michele/Carl Hangee-
862 Folsom St, San Francisco, CA 94107; TEL. D 974-5596/E 285-0251
2nd Wednesdays beg. 4/13/94: 6:30-8:00PM
Expiration date: 10/12/94

***Presidio/LFTB Branch***

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LFTB Advisory Committee - Elizabeth Heidhues
566 - 40th Ave, San Francisco, CA 94121; TEL. 752-0471
Thurs 5/5, 7/14, 9/1 & 11/3/94: 2:30PM
Expiration date: 11/04/94

***Western Addition Branch***

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American Chronic Pain Assoc. - Jeri Raimondi
1845 Franklin St #305, San Francisco, CA 94109; TEL. 771-6553
2nd & 4th Thursdays monthly: 1-3 PM
Expiration date: 11/10/94

Live Poets Society - Sally Saunders
2030 Vallejo St #501, San Francisco, CA 94123; TEL. 673-7213
10/5 & 10/12/94: 5-6:30 PM
Expiration date: 10/13/94

National Council of Negro Women - Willie Kennedy
City Hall, Room 235, San Francisco, CA 94102; TEL. 554-5734
3rd Saturdays: 2:00-5:00PM
Expiration date: 12/28/94

SF Esperanto Regional Organization - Charles Galvin, Jr.
121 Cortland Ave, San Francisco, CA 94110; TEL. D 397-5517/E 821-9783
1st Saturdays, 9/94 through 12/94: 1:30-3 PM
Expiration date: 12/04/94

San Francisco Amateur Astronomers - Dennis Tye
2960 - 21st Ave, San Francisco, CA 94132; TEL. D 622-8993/E 566-0587
2nd Wednesdays: 7:00-8:45PM
Expiration date: 10/30/94

The Senior Citizen Christian Fellowship Group - Mr. Dewitt Nunnery
111 Sweeney St, San Francisco, CA 94134; TEL. 468-2975
3rd Tuesdays monthly, starting April '94: 1-2:30 PM
Expiration date: 12/20/94

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9/28/94

# SAN FRANCISCO PUBLIC LIBRARY
# APPLICATIONS FOR USE OF BRANCH MEETING ROOMS



## *Excelsior Branch*

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3462 - 17th St, Apt B, San Francisco, CA 94110; TEL. 626-9946
1st Wed in 7/94; 2nd Wed 8/94 - 12/94: 6:30-8:45PM
Expiration date: 12/15/94

## *Noe Valley Branch*

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Noe Courts Park Neighbors - Steve Kolm
4320 - 24th St, S.F., CA 94114; TEL. D 487-6900/E 647-7371
11/9/94: 7-9 PM
Expiration date: 11/10/94

Noe Valley Computer Club - Ed Shuck
545 Eureka St, San Francisco, CA 94114; TEL. D 826-5821/E 824-5291
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Every Saturday (*2nd Sat): 1-3 PM (* 2-3 PM)
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## *Park Branch*

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"SOnnKara" - Ron Leeson
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8/25/94 & 3rd Thursday thereafter: 1 PM
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1400 Haight St, San Francisco, CA 94117; TEL. D 255-1180/E 648-3174
1st Wednesdays: 7 PM
Expiration date: 04/06/95

Henry George School - Mary Rose Kaczorowski
1568 Shrader St, San Francisco, CA 94117; TEL. D 661-0172/E 707-964-
12/15/94: 6:30-9:30 PM
Expiration date: 12/16/94

Park Police District Community Relations Mtg. - Michael Gannon
Park Police Station, S.F., CA 94117; TEL. D 553-1061/E 753-7292
Thurs 11/3/94: 7:00-9:00PM
Expiration date: 11/04/94

SF Bicycle Coalition (SFBC) - David Snyder
1949 Page St, San Francisco, CA 94117; TEL. 863-1701/252-9119/668
2nd Mondays each month, starting July '94: 6-10 PM
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330 Justin Dr, S.F., CA 94112; TEL. 616-8537/626-2277 (Da
1st & 3rd Tues beg. Oct.; Thurs 10/27/94: 6-10 PM
Expiration date: 12/20/94

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National Health Federation - Shirley Potasz
1330 Schooner, Foster City, CA 94404; TEL. 341-0548
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Expiration date: 11/20/94

*Potrero Branch*

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250 Connecticut St #5, San Francisco, CA 94107; TEL. 861-0345
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Expiration date: 12/04/94

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2nd & 4th Thursdays monthly: 1-3 PM
Expiration date: 11/10/94

National Council of Negro Women - Willie Kennedy
City Hall, Room 235, San Francisco, CA 94102; TEL. 554-5734
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2nd Wednesdays: 7:00-8:45PM
Expiration date: 10/30/94

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111 Sweeney St, San Francisco, CA 94134; TEL. 468-2975
3rd Tuesdays monthly, starting April '94: 1-2:30 PM
Expiration date: 12/20/94

JUN 2 1994

# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: 10/28/94

**NOTE:** *Complete this form in duplicate and submit to Manager of Requested Facility.*

| | |
|---|---|
| Dates Requested: October 27, 1994 | Time Requested: 6:00 p.m. to 10:00 p.m. |
| Facility: Park Branch Community Room | Attendance Expected: 40 - 60 people |
| Describe event or purpose of meeting: Discussion of community issues, usually with guest speakers. | |

INFORMATION ON REQUESTING ORGANIZATION:

| | |
|---|---|
| Name of Group: Cole Valley Improvement Association | Non-Profit: Yes ⊗ No ○ |
| Purpose of Group/Type of Activities to Take Place in the Library: Discussions of community issues | |
| Primary Contact Person: Karen Crommie | Position in Group: President |
| Full Mailing Address: 628 Ashbury St., S.F. 94117 | |
| Day Phone: (415) 431-1414 | Evening Phone: (415) 431-1414 |
| Secondary Contact Person: Doerte Murray | Position in Group: Treasurer |
| Full Mailing Address: 526 Clayton St., S.F., 94117 | |
| Day Phone: 626-3607 | Evening Phone: 626-3607 |

**CONDITIONS FOR USE:** Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

Cole Valley Improvement Assn *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the Cole Valley Imp. Assn. *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on Cole Valley Imp. Assn. *(group or organization)*, its agents or employee.

Cole Valley Imp. Assn. *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Karen Agnes Crommie *(signature)* June 1, 1994 *(date)*.

**SPECIAL AUTHORIZATION:**

REFRESHMENTS: RC (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $____ rec'd/waived by: ____
Key Deposit: $____ rec'd/waived by: ____
Janitorial: $____ rec'd/waived by: ____

☑ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: ____

BY: BRANCH/MAIN MANAGER: Ruth S. Close

Bernal Heights

OCT 22 1994

SAN FRANCISCO PUBLIC LIBRARY 10/70

Request for Use of Public Meeting Rooms

(PLEASE PRINT OR TYPE)

NAME OF ORGANIZATION: California Homeschooler Network

PURPOSE OF ORGANIZATION: To inform general public and homeschoolers of current trends

TYPE OF ACTIVITIES taking place in the Library: Statewide meeting

INDIVIDUAL IN CHARGE of meetings in Library:

NAME: LAURA DALTON

ADDRESS: RUTLAND, SF

TELEPHONE: 467-1346

OFFICIAL CAPACITY: Co-ordinator

DOCUMENTS DEPT.
OCT 25 1994
SAN FRANCISCO
PUBLIC LIBRARY

NAME TWO responsible members of the group who could be contacted by the Library by telephone during office hours, if necessary:

NAME: JACKIE ORSI Telephone:

NAME: Telephone:

SPACE REQUESTED:

DATE(S): 10/29/94 Hours: 1 to 6

APPROXIMATE ATTENDANCE: 20

OTHER INFORMATION:

**********

This form is to be completed and returned to:

Chief of the Main Library
San Francisco Public Library
Civic Center
San Francisco, CA 94102
558-3471

OR

In case of Branch Library, return to the Librarian in charge of the branch where space is requested.

For further information call: 558-3602

SFPL - 15 Rev.

Jane Hudson
B/S/D

# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATION FOR USE OF PUBLIC MEETING ROOMS

Expiration Date: Fri Nov 4, 1994

OTE: *Complete this form in duplicate and submit to Manager of Requested Facility.*

| | |
|---|---|
| Dates Requested: Thurs., Nov. 3, 7-9 | Time Requested: 7:00 pm to 9:00 pm |
| Facility: Park Branch Library Mtg. Room | Attendance Expected: 30 |

Describe event or purpose of meeting: Quarterly Police Community Relations Meetings

FORMATION ON REQUESTING ORGANIZATION:

| | |
|---|---|
| Name of Group: Park Police District Community Relations Mtg. | Non-Profit: Yes ⊗ No ○ |

Purpose of Group/Type of Activities to Take Place in the Library: Exchange Information between Police & Citizenry

| | |
|---|---|
| Primary Contact Person: Michael Gannon | Position in Group: Comm. Relations Coordinator |
| Full Mailing Address: Park Police Station, Stanyan & Waller Sts. San Francisco, CA 94117 | |
| Day Phone: 553-1061 | Evening Phone: 753-7292 |
| Secondary Contact Person: Captain Robert Berry | Position in Group: Chair |
| Full Mailing Address: Park Police Station, Stanyan & Waller Sts. San Francisco, CA 94117 | |
| Day Phone: 553-1065 | Evening Phone: 553-1061 |

ONDITIONS FOR USE: Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

Park Police Station *(identify group or organization)* shall indemnify and save harmless the City from and ainst any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of e Park Police Station *(group or organization)* activities including, but not limited to use of the City's facilities equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be posed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect d or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some ty imposed by law or contract on Park Police Station *(group or organization)*, its agents or employee.

Park Police Station *(identify group or organization)* shall indemnify and hold City harmless from all loss and bility, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim vestigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

ertify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Robert E. Berry *(signature)* July 12, 1994 *(date)*.

ROBERT J. BERRY
CAPTAIN

**SPECIAL AUTHORIZATION:**

EFRESHMENTS: RV (initials of authorizing authority).

EES PAID/WAIVED: Room rental: $____ rec'd/waived by: ____
Key Deposit: $____ rec'd/waived by: ____
Janitorial: $____ rec'd/waived by: ____

☑ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: ____

Y: BRANCH/MAIN MANAGER: Rita S. Vora

PL - 15

SF
#31
1/4/94

# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATIONS FOR USE OF BRANCH MEETING ROOMS

11/04/94

DOCUMENTS DEPT.
NOV 10 1994
SAN FRANCISCO
PUBLIC LIBRARY



*Bayview Branch*

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Bayview Hunter's Point Foundation - Beverly Jackson
5815 Third St, S.F., CA 94124; TEL. D 822-7500/E 931-9041
11/19* & 11/20/94: 11-4:30* & 11:30-5
Expiration date: 11/21/94

*Bernal Heights Branch*

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California Homeschooler Network - Lora Dalton
15 Rutland St, S.F., CA 94134; TEL. 467-1346
11/12/94: 1-6 PM
Expiration date: 11/13/94

*Excelsior Branch*

---

CWest - SF Commodore & Amiga Users Group - George Todd
3462 - 17th St, Apt B, San Francisco, CA 94110; TEL. 626-9946
1st Wed in 7/94; 2nd Wed 8/94 - 12/94: 6:30-8:45PM
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*Noe Valley Branch*

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Every Saturday (*2nd Sat): 1-3 PM (* 2-3 PM)
Expiration date: 01/31/95

*Park Branch*

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"SOnnKara" - Ron Leeson
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10/11, 10/25, 11/17, 11/22, 12/13 & 12/27/94: 6-10 PM
Expiration date: 12/28/94

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2nd Thursday: 7 PM
Expiration date: 02/10/95

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, San Francisco, CA 94117; TEL. D 621-9553/E 564-8737
8/25/94 & 3rd Thursday thereafter: 1 PM
Expiration date: 02/17/95

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1400 Haight St, San Francisco, CA 94117; TEL. D 255-1180/E 648-3174
1st Wednesdays: 7 PM
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1st & 3rd Tues beg. Oct.; Thurs 10/27/94: 6-10 PM
Expiration date: 12/20/94

SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS FOR USE OF BRANCH MEETING ROOMS



*Potrero Branch*

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San Francisco Independent Booster Club - Richard Millet
250 Connecticut St #5, San Francisco, CA 94107; TEL. 861-0345
1st Saturdays each month: 11 AM - 12:45 PM
Expiration date: 12/04/94

The Friends ofBob Holdeman - Martin Ponch
34 Prospect Ave, S.F., CA 94110; TEL. 510-420-0230
11/20/94: 2:30 PM
Expiration date: 11/21/94

*Western Addition Branch*

---

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1845 Franklin St #305, San Francisco, CA 94109; TEL. 771-6553
2nd & 4th Thursdays monthly: 1-3 PM
Expiration date: 11/10/94

National Council of Negro Women - Willie Kennedy
City Hall, Room 235, San Francisco, CA 94102; TEL. 554-5734
3rd Saturdays: 2:00-5:00PM
Expiration date: 12/28/94

SF Esperanto Regional Organization - Charles Galvin, Jr.
121 Cortland Ave, San Francisco, CA 94110; TEL. D 397-5517/E 821-9783
1st Saturdays, 9/94 through 12/94: 1:30-3 PM
Expiration date: 12/04/94

The Senior Citizen Christian Fellowship Group - Mr. Dewitt Nunnery
111 Sweeney St, San Francisco, CA 94134; TEL. 468-2975
3rd Tuesdays monthly, starting April '94: 1-2:30 PM
Expiration date: 12/20/94

Renewal

# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: April '95

**NOTE:** *Complete this form in duplicate and submit to Manager of Requested Facility.*

| | |
|---|---|
| Dates Requested: 1st WED OF EVERY MONTH. | Time Requested: 7PM |
| Facility: PARK | Attendance Expected: 35 - 50 |
| Describe event or purpose of meeting: (H.S.M.A.) HAIGHT STREET NEIGHBORHOOD ASSOCIATION - GENERAL MEETING | |

INFORMATION ON REQUESTING ORGANIZATION:

| | |
|---|---|
| Name of Group: H.S.M.A. / H.A. IMPROVEMENT ASSOC. | Non-Profit: Yes ☒ No ☐ |
| Purpose of Group/Type of Activities to Take Place in the Library: TO IMPROVE ALL ELEMENTS OF NEIGHBORHOOD | |
| Primary Contact Person: WILLIAM (BILL) HOOVER | Position in Group: PRES |
| Full Mailing Address: 1400 HAIGHT ST. 94117 | |
| Day Phone: 255-1180 | Evening Phone: 648-3174 |
| Secondary Contact Person: LAWRENCE HULT BSPG | Position in Group: VP |
| Full Mailing Address: 1510 HAIGHT C/O ARTERY STORE. 94117 | |
| Day Phone: 621-2872 | Evening Phone: 626-9779 |

**CONDITIONS FOR USE:** Insurance required? Yes ☐ No ☑. If yes, attach insurance rider. MCO

H.S.M.A. *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the H.S.M.A. *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on H.S.M.A. *(group or organization)*, its agents or employees.

H.S.M.A. *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

[signature] *(signature)* 10/5/94 *(date)*.

**SPECIAL AUTHORIZATION:**

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☑ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Cole

PL - 15

NVA

# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: _____

**NOTE:** *Complete this form in duplicate and submit to Manager of Requested Facility.*

| | |
|---|---|
| Dates Requested: Nov. 9, 1994 | Time Requested: 7:00 pm – 9:00 pm |
| Facility: ~~BAYVIEW~~ WADE #13 | Attendance Expected: 50 |
| Describe event or purpose of meeting: COMMUNITY MEETING CONCERNING NOE COURTS PARK | |

INFORMATION ON REQUESTING ORGANIZATION:

| | |
|---|---|
| Name of Group: NOE COURTS PARK NEIGHBORS | Non-Profit: Yes ○ No ○ |
| Purpose of Group/Type of Activities to Take Place in the Library: DISCUSSION OF COMMUNITY CONCERNS RE: NOE COURTS PARK | |
| Primary Contact Person: STEVE KOLM | Position in Group: |
| Full Mailing Address: 4320 24TH ST. 94114 | |
| Day Phone: 487-6900 | Evening Phone: 647-7371 |
| Secondary Contact Person: ELIZABETH GRAY | Position in Group: |
| Full Mailing Address: | |
| Day Phone: 1-510-596-1417 | Evening Phone: 824-7925 |

**CONDITIONS FOR USE:** Insurance required? Yes ☐ No ☐. If yes, attach insurance rider. N/A

_____ *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the _____ *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on _____ *(group or organization)*, its agents or employee.

_____ *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

_____ *(signature)* _____ *(date)*.

### SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: _____

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NOV 9 1994

# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATION FOR USE OF PUBLIC MEETING ROOMS

*(Adopted 9/15/92)*

Expiration Date: _____

***NOTE:** Complete this form in duplicate and submit to Manager of Requested Facility.*

| | |
|---|---|
| Dates Requested: 2nd Wednesday of Month | Time Requested: 1:00 PM. |
| Facility: Meeting Room | Attendance Expected: 10-20 |
| Describe event or purpose of meeting: Charitable org. and Social | |

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INFORMATION ON REQUESTING ORGANIZATION:

| | |
|---|---|
| Name of Group: Patricia Women's Club | Non-Profit: Yes ● No ○ |
| Purpose of Group/Type of Activities to Take Place in the Library: To socialize and do charitable works | |
| Primary Contact Person: Margaret Rice | Position in Group: Secretary |
| Full Mailing Address: 528 Arkansas Street | |
| Day Phone: 824-7423 | Evening Phone: Same. |
| Secondary Contact Person: Dolores Mahony | Position in Group: Vice President |
| Full Mailing Address: 594 Arkansas St. | |
| Day Phone: 647-6729 | Evening Phone: Same |

**CONDITIONS FOR USE:** Insurance required? Yes ☐ No ☒. If yes, attach insurance rider.

Pa. Wo's Club *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the Pa. Wo's Club *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on Pa. Wo. Club *(group or organization)*, its agents or employee.

Pa. Wo. Club *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Margaret Rice *(signature)* 11-9-94 *(date)*.

### SPECIAL AUTHORIZATION:

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: _____

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# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATIONS FOR USE OF BRANCH MEETING ROOMS

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***Bayview Branch***

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Bayview Hunter's Point Foundation - Beverly Jackson
5815 Third St, S.F., CA 94124; TEL. D 822-7500/E 931-9041
11/19* & 11/20/94: 11-4:30* & 11:30-5
Expiration date: 11/21/94

***Bernal Heights Branch***

---

California Homeschooler Network - Lora Dalton
15 Rutland St, S.F., CA 94134; TEL. 467-1346
11/12/94: 1-6 PM
Expiration date: 11/13/94

***Excelsior Branch***

---

CWest - SF Commodore & Amiga Users Group - George Todd
3462 - 17th St, Apt B, San Francisco, CA 94110; TEL. 626-9946
1st Wed in 7/94; 2nd Wed 8/94 - 12/94: 6:30-8:45PM
Expiration date: 12/15/94

***Noe Valley Branch***

---

Noe Valley Computer Club - Ed Shuck
545 Eureka St, San Francisco, CA 94114; TEL. D 826-5821/E 824-5291
2nd Saturday: 1-2 PM
Expiration date: 01/31/95

Project Read - Trish Strickland
114 Frederick St #16, San Francisco, CA 94117; TEL. D 984-8820/E 255-63
Every Saturday (*2nd Sat): 1-3 PM (* 2-3 PM)
Expiration date: 01/31/95

***Park Branch***

---

"SOnnKara" - Ron Leeson
224 Hugo St, San Francisco, CA 94122; TEL. 566-4631
10/11, 10/25, 11/17, 11/22, 12/13 & 12/27/94: 6-10 PM
Expiration date: 12/28/94

SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS FOR USE OF BRANCH MEETING ROOMS



*Park Branch*

---

Haight Ashbury Neighborhood Council (HANC) - Donna Gouse
409 Clayton St, San Francisco, CA 94117; TEL. D 621-9553/E 564-8757
2nd Thursday: 7 PM
Expiration date: 02/10/95

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, San Francisco, CA 94117; TEL. D 621-9553/E 564-8737
8/25/94 & 3rd Thursday thereafter: 1 PM
Expiration date: 02/17/95

Haight Street Merchants (H.S.M.A.) - Bill Hoover
1400 Haight St, San Francisco, CA 94117; TEL. D 255-1180/E 648-3174
1st Wednesdays: 7 PM
Expiration date: 04/06/95

Henry George School - Mary Rose Kaczorowski
1568 Shrader St, San Francisco, CA 94117; TEL. D 661-0172/E 707-964-
12/15/94: 6:30-9:30 PM
Expiration date: 12/16/94

Mosaic - Dharam Kaur Khalsa
522 Ashbury St, S.F., CA 94117; TEL. 252-8373
11/16/94: 7:30-10:30 PM
Expiration date: 11/17/94

SF Bicycle Coalition (SFBC) - David Snyder
1949 Page St, San Francisco, CA 94117; TEL. 863-1701/252-9119/668
2nd Mondays each month, starting July '94: 6-10 PM
Expiration date: 01/01/95

SF Support Group for Adults with Dyslexia - William Reed
1390 Market St #1408, San Francisco, CA 94102; TEL. 626-4116
1st Mondays: 7-9 PM
Expiration date: 04/05/95

The Magic Game Club of California - John Putney
330 Justin Dr, S.F., CA 94112; TEL. 616-8537/626-2277 (Da
1st & 3rd Tues beg. Oct.; Thurs 10/27/94: 6-10 PM
Expiration date: 12/20/94

*Potrero Branch*

---

Atari Bay Area Computer Users Society (ABACUS) - Roger Sinasohn
1034 Capitol Ave, San Francisco, CA 94112; TEL. 469-7924
1st Saturdays: 1:00-6:00PM
Expiration date: 04/02/95

National Health Federation - Shirley Potasz
1330 Schooner, Foster City, CA 94404; TEL. 341-0548
3rd Saturdays beg. 5/21/94: 1:30-5 PM
Expiration date: 11/20/94

San Francisco Independent Booster Club - Richard Millet
250 Connecticut St #5, San Francisco, CA 94107; TEL. 861-0345
1st Saturdays each month: 11 AM - 12:45 PM
Expiration date: 12/04/94

The Friends of Bob Holdeman - Martin Ponch
34 Prospect Ave, S.F., CA 94110; TEL. 510-420-0230
11/20/94: 2:30 PM
Expiration date: 11/21/94

*Western Addition Branch*

---

National Council of Negro Women - Willie Kennedy
City Hall, Room 235, San Francisco, CA 94102; TEL. 554-5734
3rd Saturdays: 2:00-5:00PM
Expiration date: 12/28/94

SF Esperanto Regional Organization - Charles Galvin, Jr.
121 Cortland Ave, San Francisco, CA 94110; TEL. D 397-5517/E 821-9783
1st Saturdays, 9/94 through 12/94: 1:30-3 PM
Expiration date: 12/04/94

The Senior Citizen Christian Fellowship Group - Mr. Dewitt Nunnery
111 Sweeney St, San Francisco, CA 94134; TEL. 468-2975
3rd Tuesdays monthly, starting April '94: 1-2:30 PM
Expiration date: 12/20/94

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SAN FRANCISCO PUBLIC LIBRARY

REQUEST FOR SHORT-TERM USE OF LIBRARY MEETING ROOM
(Please type or print)

LOCATION OF MEETING ROOM: BERNAL HEIGHTS LIBRARY

DATE(S): NOVEMBER 12th HOURS: 1 PM to 6 PM

NAME OF ORGANIZATION: CALIFORNIA HOMESCHOOL NETWORK

PURPOSE OF ORGANIZATION: TO SUPPORT AND FACILITATE COMMUNICATION AMONG HOMESCHOOLING FAMILIES STATE WIDE

TYPE OF ACTIVITIES planned for library space: BUSINESS & DISCUSSION MEETING - REGIONAL

ESTIMATED ATTENDANCE: 10-30

INDIVIDUAL IN CHARGE of meeting(s) in library space:

NAME: LORA DALTON

OFFICIAL CAPACITY: REGIONAL COORDINATOR

TELEPHONE NO.: 467-1346

ADDRESS: 15 RUTLAND ST
SAN FRANCISCO, CA 94131

TWO ADDITIONAL MEMBERS OF THE ORGANIZATION whom the library can contact, if necessary:

NAME: JACKIE OLSI TELEPHONE NO.: [illegible]

NAME: [illegible] TELEPHONE NO.: [illegible]

OTHER INFORMATION:

SF
P15
#31a
11/7/94

# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATION FOR USE OF PUBLIC MEETING ROOMS

NOV 7 1994

*(Adopted 9/15/92)*

Expiration Date: 11/17/94

***NOTE:*** *Complete this form in duplicate and submit to Manager of Requested Facility.*

| | |
|---|---|
| Dates Requested: Nov 16, 1994 | Time Requested: 7:30 - 10:30 pm |
| *Facility:* Park Branch | Attendance Expected: 40-50 |
| Describe event or purpose of meeting: Cross cultural dialogue on violence in our culture | |

INFORMATION ON REQUESTING ORGANIZATION:

| | |
|---|---|
| *Name of Group:* Mosaic | Non-Profit: Yes ✓ No ○ |
| Purpose of Group/Type of Activities to Take Place in the Library: Same as above | |
| *Primary Contact Person:* Dharam Kaur Khalsa | Position in Group: Organizer/Volunteer |
| Full Mailing Address: 522 Ashbury St., SF CA 94117 | |
| Day Phone: 415-252-8373 | Evening Phone: Same |
| *Secondary Contact Person:* Jim Irons | Position in Group: Organizer |
| Full Mailing Address: 835 Clayton SF, CA 94117 | |
| Day Phone: 681-8406 | Evening Phone: Same |

**CONDITIONS FOR USE:** Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

Mosaic *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the Mosaic *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on Mosaic *(group or organization)*, its agents or employee.

Mosaic *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Dharam Kaur Khalsa *(signature)* 11-4-94 *(date)*.

**SPECIAL AUTHORIZATION:**

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____

Key Deposit: $_____ rec'd/waived by: _____

Janitorial: $_____ rec'd/waived by: _____

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☑ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Ruth S. Yada

Jane Hudson
B/S/D

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# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATIONS FOR USE OF BRANCH MEETING ROOMS

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***Bayview Branch***

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Bayview Hunter's Point Foundation - Beverly Jackson
5815 Third St, S.F., CA 94124; TEL. D 822-7500/E 931-9041
11/19* & 11/20/94: 11-4:30* & 11:30-5
Expiration date: 11/21/94

***Bernal Heights Branch***

---

San Francisco Homeschoolers - Peter DiStefano
171 Wool St, S.F., CA 94110; TEL. 282-3389
1/25/95: 7-8:30 PM
Expiration date: 01/26/95

***Excelsior Branch***

---

CWest - SF Commodore & Amiga Users Group - George Todd
3462 - 17th St, Apt B, San Francisco, CA 94110; TEL. 626-9946
1st Wed in 7/94; 2nd Wed 8/94 - 12/94: 6:30-8:45PM
Expiration date: 12/15/94

***Noe Valley Branch***

---

Noe Courts Park Neighbors - Steve Kolm
4320 - 24th St, S.F., CA 94114; TEL. D 487-6900/E 647-7371
1/11/95: 7-9 PM
Expiration date: 01/12/95

Noe Valley Computer Club - Ed Shuck
545 Eureka St, San Francisco, CA 94114; TEL. D 826-5821/E 824-5291
2nd Saturday: 1-2 PM
Expiration date: 01/31/95

Project Read - Trish Strickland
114 Frederick St #16, San Francisco, CA 94117; TEL. D 984-8820/E 255-63
Every Saturday (*2nd Sat): 1-3 PM (* 2-3 PM)
Expiration date: 01/31/95

*Park Branch*

---

"SOnnKara" - Ron Leeson
224 Hugo St, San Francisco, CA 94122; TEL. 566-4631
10/11, 10/25, 11/17, 11/22, 12/13 & 12/27/94: 6-10 PM
Expiration date: 12/28/94

Haight Ashbury Neighborhood Council (HANC) - Donna Gouse
409 Clayton St, San Francisco, CA 94117; TEL. D 621-9553/E 564-8757
2nd Thursday: 7 PM
Expiration date: 02/10/95

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, San Francisco, CA 94117; TEL. D 621-9553/E 564-8737
8/25/94 & 3rd Thursday thereafter: 1 PM
Expiration date: 02/17/95

Haight Street Merchants (H.S.M.A.) - Bill Hoover
1400 Haight St, San Francisco, CA 94117; TEL. D 255-1180/E 648-3174
1st Wednesdays: 7 PM
Expiration date: 04/06/95

Henry George School - Mary Rose Kaczorowski
1568 Shrader St, San Francisco, CA 94117; TEL. D 661-0172/E 707-964-
12/15/94: 6:30-9:30 PM
Expiration date: 12/16/94

SF Bicycle Coalition (SFBC) - David Snyder
1949 Page St, San Francisco, CA 94117; TEL. 863-1701/252-9119/668
2nd Mondays each month, starting July '94: 6-10 PM
Expiration date: 01/01/95

SF Support Group for Adults with Dyslexia - William Reed
1390 Market St #1408, San Francisco, CA 94102; TEL. 626-4116
1st Mondays: 7-9 PM
Expiration date: 04/05/95

The Magic Game Club of California - John Putney
330 Justin Dr, S.F., CA 94112; TEL. 616-8537/626-2277 (Da
1st & 3rd Tues beg. Oct.; Thurs 10/27/94: 6-10 PM
Expiration date: 12/20/94

***Potrero Branch***

---

Atari Bay Area Computer Users Society (ABACUS) - Roger Sinasohn
1034 Capitol Ave, San Francisco, CA 94112; TEL. 469-7924
1st Saturdays: 1:00-6:00PM
Expiration date: 04/02/95

National Health Federation - Shirley Potasz
1330 Schooner, Foster City, CA 94404; TEL. 341-0548
3rd Saturdays beg. 5/21/94: 1:30-5 PM
Expiration date: 11/20/94

Potrero Hill Garden Club - Mia Amato
449 Pennsylvania, S.F., CA 94107; TEL. 285-6807
1/21/95: 7-8 PM
Expiration date: 01/22/95

Potrero Women's Club - Margaret Rice
528 Arkansas St, S.F., CA 94107; TEL. 824-7423
2nd Wednesdays: 1:00 PM
Expiration date: 05/11/95

San Francisco Independent Booster Club - Richard Millet
250 Connecticut St #5, San Francisco, CA 94107; TEL. 861-0345
1st Saturdays each month: 11 AM - 12:45 PM
Expiration date: 12/04/94

The Friends of Bob Holdeman - Martin Ponch
34 Prospect Ave, S.F., CA 94110; TEL. 510-420-0230
11/20/94: 2:30 PM
Expiration date: 11/21/94

***Western Addition Branch***

---

National Council of Negro Women - Willie Kennedy
City Hall, Room 235, San Francisco, CA 94102; TEL. 554-5734
3rd Saturdays: 2:00-5:00PM
Expiration date: 12/28/94

SF Esperanto Regional Organization - Charles Galvin, Jr.
121 Cortland Ave, San Francisco, CA 94110; TEL. D 397-5517/E 821-9783
1st Saturdays, 9/94 through 12/94: 1:30-3 PM
Expiration date: 12/04/94

*Western Addition Branch*

---

The Senior Citizen Christian Fellowship Group - Mr. Dewitt Nunnery
111 Sweeney St, San Francisco, CA 94134; TEL. 468-2975
3rd Tuesdays monthly, starting April '94: 1-2:30 PM
Expiration date: 12/20/94

# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATION FOR USE OF PUBLIC MEETING ROOMS

*(Adopted 9/15/*

Expiration Date: _____

***NOTE:*** *Complete this form in duplicate and submit to Manager of Requested Facility.*

| | |
|---|---|
| Dates Requested: NOVEMBER 19, 20, 1994 | Time Requested: 11/19 11:00-4:30pm 11/20 11:30-5:00pm |
| *Facility:* BAYVIEW- WADEN #13 | Attendance Expected: 25 PERSONS |
| Describe event or purpose of meeting: TRAINING FOR VOLUNTEERS FOR AIDS SERVICES, DEPT. | |

INFORMATION ON REQUESTING ORGANIZATION:

| | |
|---|---|
| *Name of Group:* BAYVIEW HUNTER'S POINT FOUNDATION | Non-Profit: Yes ○ No ○ |
| Purpose of Group/Type of Activities to Take Place in the Library: AIDS SERVICES DEPT. LECTURE, AV DISPLAY, REFRESHMENTS, EVALUATION | |
| *Primary Contact Person:* BEVERLY JACKSON | Position in Group: VOLUNTEER COORDINATOR |
| Full Mailing Address: 5815 THIRD STREET | |
| Day Phone: (415) 822-7500 | Evening Phone: (415) 931-9041 |
| *Secondary Contact Person:* ROSLYN ALLEN | Position in Group: DIRECTOR |
| Full Mailing Address: 5815 THIRD STREET | |
| Day Phone: (415) 822-7500 | Evening Phone: |

**CONDITIONS FOR USE:** Insurance required? Yes ☐ No ☐. If yes, attach insurance rider.

_____ *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the _____ *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on _____ *(group or organization)*, its agents or employee.

_____ *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

_____ *(signature)* OCTOBER 28, 1994 *(date)*.

**SPECIAL AUTHORIZATION:**

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: _____

*SFPL - 15*

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# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: _____

**NOTE:** *Complete this form in duplicate and submit to Manager of Requested Facility.*

| | |
|---|---|
| Dates Requested: Nov. 20, 1994 | Time Requested: 2:30 P.M. |
| Facility: Meeting Room | Attendance Expected: |
| Describe event or purpose of meeting: To honor the memory of Bob Holdeman | |

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INFORMATION ON REQUESTING ORGANIZATION:

| | |
|---|---|
| Name of Group: The Friends of Bob Holdeman | Non-Profit: Yes ✓ No ○ |
| Purpose of Group/Type of Activities to Take Place in the Library: Viewing some of Mr Holdeman's paintings and reminiscing about his life | |
| Primary Contact Person: Martin Ponch | Position in Group: Organizer |
| Full Mailing Address: 34 Prospect Av - San Francisco, 94110 | |
| Day Phone: (510) 420-0230 | Evening Phone: |
| Secondary Contact Person: Lita Digler | Position in Group: Recording Organizer |
| Full Mailing Address: 345 Texas St 94107 | |
| Day Phone: 826 3364 | Evening Phone: |

**CONDITIONS FOR USE:** Insurance required? Yes ☐ No ☑. If yes, attach insurance rider.

The Friends of Bob Holdeman *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the The Friends of Bob Holdeman *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on The Friends of Bob Holdeman *(group or organization)*, its agents or employee.

The Friends of Bob Holdeman *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Martin Ponch *(signature)* Nov 1, 1994 *(date)*.

Refreshments – available to public mtg.

**SPECIAL AUTHORIZATION:**

REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: _____

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# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATION FOR USE OF PUBLIC MEETING ROOMS

SFPL-15
(6/9/92)

Application Date: 11/26/94

***NOTE:*** *Complete this form in duplicate and submit with organization literature to Manager of Requested Facility.*

| | |
|---|---|
| Dates Requested: Saturdays | Time Requested: 1:00 - 3:00 pm |
| *Facility:* Noe Valley Library | Attendance Expected: 2 |
| Describe event or purpose of meeting: Project Read tutoring session | |

INFORMATION ON REQUESTING ORGANIZATION:

| | |
|---|---|
| *Name of Group:* Project Read | Non-Profit: Yes ☒ No ○ |
| Purpose of Group/Type of Activities to Take Place in the Library: Literacy training | |
| *Primary Contact Person:* Karen Levine | Position in Group: Tutor |
| Full Mailing Address: 3702A 22nd St., SF, Ca 94114 | |
| Day Phone: 550-7111 | Evening Phone: same |
| *Secondary Contact Person:* | Position in Group: |
| Full Mailing Address: | |
| Day Phone: | Evening Phone: |

**CONDITIONS FOR USE:** Insurance required? Yes ☐, No ☐. If yes, attach insurance rider.

*I certify that I have read the meeting room rules and Waiver of Liability and agree to all provision of the above:*

Karen Levine *(signature)*

**FOR DEPARTMENT USE ONLY**

EXPIRATION DATE: _____

SPECIAL AUTHORIZATION:

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REFRESHMENTS: _____ initials of authorizing authority

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: _____

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# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATIONS FOR USE OF BRANCH MEETING ROOMS

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*Bernal Heights Branch*

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San Francisco Homeschoolers - Peter DiStefano
171 Wool St, S.F., CA 94110; TEL. 282-3389
1/25/95: 7-8:30 PM
Expiration date: 01/26/95

*Excelsior Branch*

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CWest - SF Commodore & Amiga Users Group - George Todd
3462 - 17th St, Apt B, San Francisco, CA 94110; TEL. 626-9946
1st Wed in 7/94; 2nd Wed 8/94 - 12/94: 6:30-8:45PM
Expiration date: 12/15/94

*Noe Valley Branch*

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Noe Courts Park Neighbors - Steve Kolm
4320 - 24th St, S.F., CA 94114; TEL. D 487-6900/E 647-7371
1/11/95: 7-9 PM
Expiration date: 01/12/95

Noe Valley Computer Club - Ed Shuck
545 Eureka St, San Francisco, CA 94114; TEL. D 826-5821/E 824-5291
2nd Saturday: 1-2 PM
Expiration date: 01/31/95

Project Read - Trish Strickland
114 Frederick St #16, San Francisco, CA 94117; TEL. D 984-8820/E 255-63
Every Saturday (*2nd Sat): 1-3 PM (* 2-3 PM)
Expiration date: 01/31/95

*Park Branch*

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"SOnnKara" - Ron Leeson
224 Hugo St, San Francisco, CA 94122; TEL. 566-4631
10/11, 10/25, 11/17, 11/22, 12/13 & 12/27/94: 6-10 PM
Expiration date: 12/28/94

SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS FOR USE OF BRANCH MEETING ROOMS



*Park Branch*

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Haight Ashbury Neighborhood Council (HANC) - Donna Gouse
409 Clayton St, San Francisco, CA 94117; TEL. D 621-9553/E 564-8757
2nd Thursday: 7 PM
Expiration date: 02/10/95

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, San Francisco, CA 94117; TEL. D 621-9553/E 564-8737
8/25/94 & 3rd Thursday thereafter: 1 PM
Expiration date: 02/17/95

Haight Street Merchants (H.S.M.A.) - Bill Hoover
1400 Haight St, San Francisco, CA 94117; TEL. D 255-1180/E 648-3174
1st Wednesdays: 7 PM
Expiration date: 04/06/95

Henry George School - Mary Rose Kaczorowski
1568 Shrader St, San Francisco, CA 94117; TEL. D 661-0172/E 707-964-
12/15/94: 6:30-9:30 PM
Expiration date: 12/16/94

SF Bicycle Coalition (SFBC) - David Snyder
1949 Page St, San Francisco, CA 94117; TEL. 863-1701/252-9119/668
2nd Mondays each month, starting July '94: 6-10 PM
Expiration date: 01/01/95

The Magic Game Club of California - John Putney
330 Justin Dr, S.F., CA 94112; TEL. 616-8537/626-2277 (Da
1st & 3rd Tues beg. Oct.; Thurs 10/27/94: 6-10 PM
Expiration date: 12/20/94

*Potrero Branch*

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Atari Bay Area Computer Users Society (ABACUS) - Roger Sinasohn
1034 Capitol Ave, San Francisco, CA 94112; TEL. 469-7924
1st Saturdays: 1:00-6:00PM
Expiration date: 04/02/95

Potrero Hill Garden Club - Mia Amato
449 Pennsylvania, S.F., CA 94107; TEL. 285-6807
1/21/95: 7-8 PM
Expiration date: 01/22/95

*Potrero Branch*

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Potrero Women's Club - Margaret Rice
528 Arkansas St, S.F., CA 94107; TEL. 824-7423
2nd Wednesdays: 1:00 PM
Expiration date: 05/11/95

San Francisco Independent Booster Club - Richard Millet
250 Connecticut St #5, San Francisco, CA 94107; TEL. 861-0345
1st Saturdays each month: 11 AM - 12:45 PM
Expiration date: 12/04/94

*Western Addition Branch*

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National Council of Negro Women - Willie Kennedy
City Hall, Room 235, San Francisco, CA 94102; TEL. 554-5734
3rd Saturdays: 2:00-5:00PM
Expiration date: 12/28/94

SF Esperanto Regional Organization - Charles Galvin, Jr.
121 Cortland Ave, San Francisco, CA 94110; TEL. D 397-5517/E 821-9783
1st Saturdays, 9/94 through 12/94: 1:30-3 PM
Expiration date: 12/04/94

The Senior Citizen Christian Fellowship Group - Mr. Dewitt Nunnery
111 Sweeney St, San Francisco, CA 94134; TEL. 468-2975
3rd Tuesdays monthly, starting April '94: 1-2:30 PM
Expiration date: 12/20/94

# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/13/92)

Expiration Date: Dec 16 '94

**NOTE:** *Complete this form in duplicate and submit to Manager of Requested Facility.*

| | |
|---|---|
| Date Requested: DECEMBER 15, 1994 | Time Requested: 6:30 - 9:30 |
| Facility: PARK | Attendance Expected: 25-30 |
| Describe event or purpose of meeting: Educational Workshop | |

INFORMATION ON REQUESTING ORGANIZATION:

| | |
|---|---|
| Name of Group: Henry George School | Non-Profit: Yes ☒ No ○ |
| Purpose of Group/Type of Activities to Take Place in the Library: TEACHING OF ECONOMIC THEORIES/Exploring LAND ISSUES | |
| Primary Contact Person: MARY ROSE KACZOROWSKI | Position in Group: OUTREACH DIRECTOR |
| Full Mailing Address: 1568 Shrader ST. (HENRY George School) SAN Francisco CA 94117 | |
| Day Phone: 707-964-2742 or 415-661-0172 | Evening Phone: 707-964 2742 |
| Secondary Contact Person: Wendell Fitzgerald | Position in Group: PRESIDENT |
| Full Mailing Address: HENRY GEORGE School 1568 Shrader ST. SAN Francisco CA 94117 | |
| Day Phone: 415-894-6897 | Evening Phone: 415-661-6933 |

**CONDITIONS FOR USE:** Insurance required? Yes ☐ No ☒. If yes, attach insurance rider. MGS

The HENRY George School (*identify group or organization*) shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the The HENRY George School (*group or organization*) activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on HGS (*group or organization*), its agents or employee.

The Henry George School (*identify group or organization*) shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

Mary Rose Kaczorowski (*signature*) Oct. 7 1994 (*date*).

**SPECIAL AUTHORIZATION:**

REFRESHMENTS: RV (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $ _____ rec'd/waived by: _____
Key Deposit: $ _____ rec'd/waived by: _____
Janitorial: $ _____ rec'd/waived by: _____

☒ Approved ☐ Disapproved ☐ Room Not Available; Alternate Suggested: _____

BY: BRANCH/MAIN MANAGER: Peter S. Dove

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# SAN FRANCISCO PUBLIC LIBRARY
## APPLICATION FOR USE OF PUBLIC MEETING ROOMS

DEC 9 1994

*(Adopted 9/15/92)*

Expiration Date: _____

**NOTE:** *Complete this form in duplicate and submit to Manager of Requested Facility.*

| | |
|---|---|
| Dates Requested: DEC 20 1994 | Time Requested: 7.30 PM |
| *Facility:* POTRERO BRANCH | Attendance Expected: 15 |
| Describe event or purpose of meeting: "STARR KING PARK TRUST" MEETING PROSPECTIVE BOARD MEMBERS | |

INFORMATION ON REQUESTING ORGANIZATION:

| | |
|---|---|
| *Name of Group:* STARR KING PARK CORPORATION | Non-Profit: Yes ☑ No ○ |
| Purpose of Group/Type of Activities to Take Place in the Library: DISCUSSION, FUTURE PLANNING, ELECTION | |
| *Primary Contact Person:* NICK M. VAN RIESEN | Position in Group: DIRECTOR |
| Full Mailing Address: 7125 CAROLINA STREET SAN FRANCISCO, CA 94107 | |
| Day Phone: (415) 647-3348 | Evening Phone: (415) 647-3348 |
| *Secondary Contact Person:* ESTRELLA BRYANT | Position in Group: SEC/TREASURER |
| Full Mailing Address: # 7 PONTRELLA TERRACE (PARK VIEW HEIGHTS) | |
| Day Phone: (415) 821 9544 | Evening Phone: (415) 821 9544 |

**CONDITIONS FOR USE:** Insurance required? Yes ☐ No ☑. If yes, attach insurance rider.

STARR KING PARK CORP *(identify group or organization)* shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the STARR KING PARK *(group or organization)* activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on STARR KING PARK *(group or organization)*, its agents or employee.

STARR KING PARK *(identify group or organization)* shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

_____ *(signature)* 12/7/94 *(date)*.

**SPECIAL AUTHORIZATION:**

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REFRESHMENTS: _____ (initials of authorizing authority).

FEES PAID/WAIVED: Room rental: $_____ rec'd/waived by: _____
Key Deposit: $_____ rec'd/waived by: _____
Janitorial: $_____ rec'd/waived by: _____

☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: _____

**BY: BRANCH/MAIN MANAGER:** _____

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